

# Using PCC Dashboard Data to Serve Your Community

Seth D. Kaplan  
M.D., F.A.A.P.  
Owner, TLC Pediatrics of Frisco

Tim Proctor  
PCC

# Session Goals

1. Review the basic types of advocacy that we can take part in.
2. Illustrate how I use the dashboard to do quality improvement in my practice.
3. Discuss ways that dashboard data can be used to inform the health of my community.

# The Social-Ecological Model: A Framework for Prevention





**There is no single solution.**

**We all hold pieces to this puzzle.**

# Social Ecological Model for Advocacy



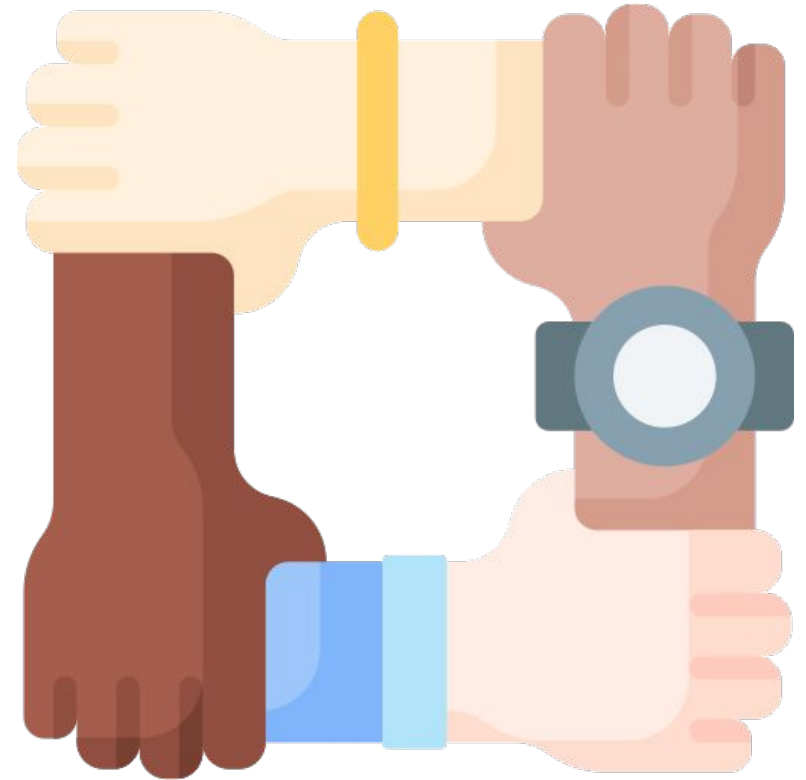
# Clinical Advocacy

Advocacy at the bedside.  
Conversations and actions  
directly between us and patients  
as well as at the hospital and  
clinical level.



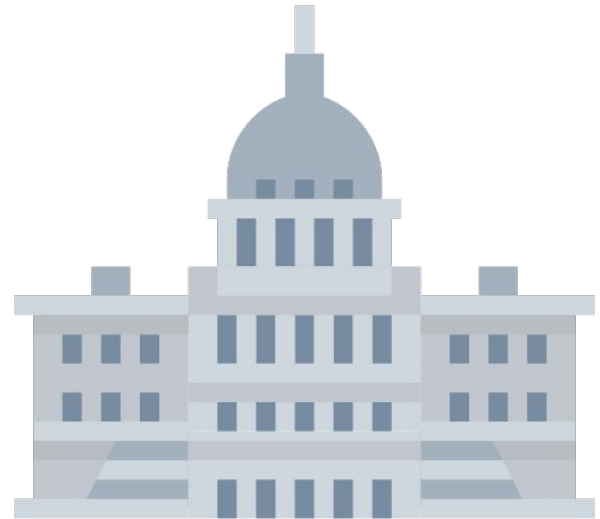
# Community Advocacy

Neighborhoods, cities, counties but  
also also academic communities and  
personal communities



# Legislative Advocacy

Efforts to influence the introduction, enactment, or modification of legislation





# Public Awareness Advocacy

Builds **awareness** on behalf of an issue to get more **attention** from decision-makers

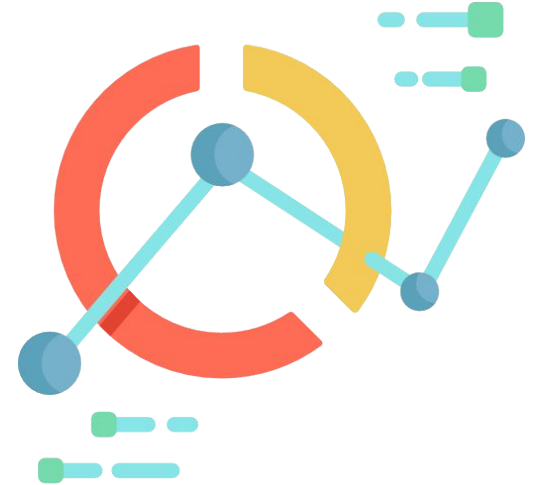
Help the public

- See the face of problem
- Understand the research
- Become aware of the solutions



# Using Practice Data to Serve Your Community

- TLC Pediatrics of Frisco - 2 FTE Independent Practice
- Serves Approximately 2000 Patients in Collin and Denton Counties
- PCC Dashboard allows us to make data-driven decisions on
  - How we practice
  - Services provided
  - Opportunities to answer community needs
  - Opportunities to answer own needs



*The following dashboard slides are all from Dr Seth D Kaplan's practice and used with his permission and with express permission of PCC.*

# 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 ⓘ

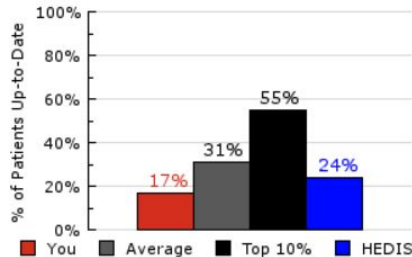
# PCC Dashboard Basics

- One login for each practice
  - access via EHR Reports menu
  - or access via <https://dashboard.pcc.com>
- Data collected on the first Saturday of every month. Loaded into production a few days after that
- Pediatric-specific benchmarks
- Most clinical measures are accurate right away for new PCC clients. Financial measures accurate about 6-8 months post go-live

# Benchmarks

- PCC AVG and “Top Performers” (90<sup>th</sup> percentile)
- HEDIS benchmarks

How You Compare



Your Practice	PCC Client Average	Top Performers	HEDIS <sup>®</sup> Commercial HMO
<b>17%</b>	<b>31%</b>	<b>55%</b>	<b>24%</b>
(% of active patients 13 years old up-to-date)			

# 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	<a href="#">Sick-to-Well Visit Ratio</a>
36	<a href="#">Immunization Rates - HPV</a>
37	<a href="#">A/R Days</a>

### Next Priorities

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

# PCC Dashboard

Dashboard reports updated as of 7/2/2022

## My Practice Status

### Financial Pulse



71

### Clinical Pulse



65

## Dashboard News

Release 9.4 includes an update to the COVID-19 page to include your COVID-19 vaccination rate trends for various age groups. See how many of your patients are vaccinated at various dose levels (0, 1+, 2+, or 3+ doses) and compare to the PCC benchmark.

## My Dashboard Priorities

### Top Priorities

#### Score Measure

- 0 A/R 60-90 Days Old
- 0 Immunization Rates - Influenza (Asthma)
- 23 Missed Appointment Rate

### Next Priorities

#### Score Measure

- 27 Fluoride Varnish Rate
- 40 Immunization Rates - Influenza
- 46 Immunization Rates - Patients 2 Years Old
- 48 Coding Expertise
- 54 Well Visit Rates - Patients 3-6 Years
- 56 Well Visit Rates - Patients 7-11 Years
- 57 Well Visit Rates - Patients 12-21 Years
- 63 A/R Days
- 63 A/R Over 60 Days Old
- 67 RVUs-per-Visit
- 69 Well Visit Rates - Patients 15-36 Months
- 72 ADD/ADHD Patient Followup
- 72 Developmental Screening Rate - Infants
- 73 Pricing
- 76 Immunization Rates - Adolescents
- 77 Revenue-per-Visit
- 78 Diagnoses-per-Visit
- 79 Revenue-per-Visit (Without Imms)
- 82 E&M Coding Distribution
- 82 Weight Assessment and Counseling - Nutritional Counseling
- 82 Weight Assessment and Counseling - Physical Activity Counseling
- 88 Depression Screening Rate - Adolescents
- 88 Weight Assessment and Counseling - Weight Assessment
- 90 Immunization Rates - Tdap
- 90 Sick-to-Well Visit Ratio
- 91 Immunization Rates - Meningococcal
- 93 Immunization Rates - HPV (Patients 13 Years)
- 93 Well Visit Rates - Patients Under 15 Months
- 100 Immunization Rates - HPV (Patients 13-17 Years)

# PCC Dashboard - Clinical Pulse

Seth D. Kaplan MD PA d/b/a TLC Pediatrics of Frisco  
Frisco, TX

Location: All Locations

## Clinical Pulse

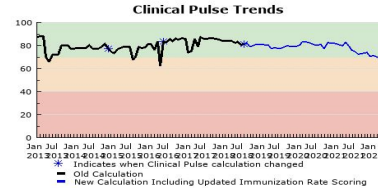
Dashboard reports updated as of 7/2/2022

### What is the Clinical Pulse?

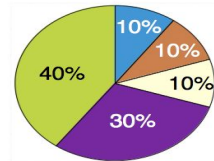


65

The Clinical Pulse represents your clinical performance relative to PCC clients around the country. Your Clinical Pulse score is a combination of the scores for five different measure categories. Categories are weighted such that measures with a greater influence on your clinical performance are weighted higher than others.



### Weight of Each Clinical Pulse Category



Clinical Pulse Categories	Category Weight	X	Your Category Scores	=	Your Weighted Scores
Well Visit Rates *	40%		61.6		24.64
Immunization Rates *	30%		55.4		16.62
ADD/ADHD Patient Followup	10%		72		7.20
Sick-to-Well Visit Ratio	10%		90		9.00
Diagnoses-per-Visit	10%		78		7.80
<b>Your Clinical Pulse:</b>					<b>65</b>

\* Category includes multiple measures. See below.

### Values and Scores

#### Well Visit Rates

The overall score for well visit rates is calculated based on your performance for five different age groups. A top score of 100 is awarded to practices achieving at least 90-95% well visit rates, depending on the age group.

Dashboard Measures	Your Well Visit Rates	Your Score x	Measure Weight =	Your Weighted Measure Score
<a href="#">Well Visit Rates - Patients 12-21 Years</a>	64%	57	30%	17.1
<a href="#">Well Visit Rates - Patients 7-11 Years</a>	68%	56	25%	14.0
<a href="#">Well Visit Rates - Patients 3-6 Years</a>	68%	54	20%	10.8
<a href="#">Well Visit Rates - Patients 15-36 Months</a>	70%	69	15%	10.4
<a href="#">Well Visit Rates - Patients Under 15 Months</a>	91%	93	10%	9.3
<b>Your Well Visit Rates Weighted Category Score: 61.6</b>				



# Examples in Practice - Immunizations

## ■ Immunization Rates

The overall score for this Immunization Rates category is calculated based on your performance for the following immunization rate measures.

Dashboard Measure	Your Immunization Rates	Your Score x	Measure Weight =	Your Weighted Measure Score
<a href="#">Immunization Rates - Adolescents</a>	46%	76	40%	30.4
<a href="#">Immunization Rates - Influenza</a>	32%	40	5%	2.0
<a href="#">Immunization Rates - Influenza (Asthma)</a>	0%	0	5%	0.0
<a href="#">Immunization Rates - Patients 2 Years Old</a>	55%	46	50%	23.0

Your Immunization Rates Weighted Category Score: 55.4

# Examples in Practice - Immunizations

## Measure: Immunization Rates - Patients 2 Years Old

Choose a measure Dashboard reports updated as of 7/2/2022

Your Score: **46** out of 100

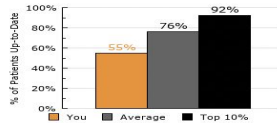
This measure focuses on immunizations that are recommended by the Advisory Committee in Immunization Practices (ACIP) for children who are two years of age. The measure includes the percentage of patients who are up-to-date on the following series of nine vaccines by their second birthdays: four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB), one chicken pox (Varicella); four pneumococcal conjugate (PCV); one hepatitis A (HepA); and two rotavirus (RV).

As of 7/2/2022 you have **69** active patients who are currently two years old.

**31** of these patients were overdue for at least one vaccine series by their second birthday.

### How You Compare

[View Detailed Breakdown](#)



Your Practice  
**55%**

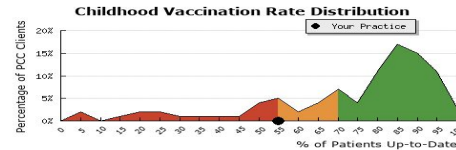
PCC Client Average  
**76%**

Top Performers  
**92%**

(% of active patients 2 years old up-to-date)

### PCC Client Distribution

In addition to comparing your practice performance to the pediatric average and top performers, it can also be useful to see a representation of PCC client distribution for this measure. The graph to the right is our unique representation of distribution, showing the range your practice is in (the black dot on the x axis) and how many practices are in other ranges from the worst performance (the red) to the best performance (the green).



### 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.



# Examples in Practice - Fluoride Varnish

Your Score: **27** out of 100

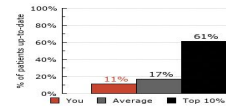
The AAP's [Bright Futures™ Guidelines](#) recommend the application of fluoride varnish to all children every 3-6 months once teeth are present through age 5. For active patients 1-5 years old with a well visit in the past year, this measure tracks how many of those patients also had a recommended fluoride varnish application billed with CPT code 99188, D1206, or 99429 within the last year. See how you measure up to other PCC clients and also see a breakdown of your performance by age and insurance group.

You have **340** active patients between 1 year and 5 years of age who have had a well visit in the past year.

**38** of these patients received a fluoride varnish application within the past year.

## How You Compare

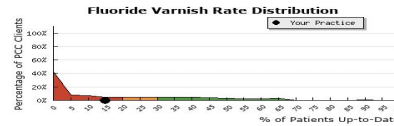
[View Age and Insurance Breakdown](#)



Your Practice **11%** PCC Client Average **17%** Top Performers **61%**  
 (% of active patients 1-5 years old having recent fluoride varnish)

## PCC Client Distribution

In addition to comparing your practice performance to the pediatric average and top performers, it can also be useful to see a representation of PCC client distribution for this measure. The graph to the right is our unique representation of distribution, showing the range your practice is in (the black dot on the x axis) and how many practices are in other ranges from the worst performance (the red) to the best performance (the green).



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## Recommendations

Of the 340 active patients ages 1-5 years old, 38 patients had a fluoride varnish billed at some point in the past six months.

Among practices that are billing for fluoride varnish, the average payment received is \$16.77.

If you are considering achieving PCMH Recognition with the NCQA, keep in mind that this preventive care measure data updated monthly can be useful to show you are capturing clinical quality measures for element 6A.

Refer to PCC's [PCMH Resources](#) for details on how to use Partner and PCC EHR tools to achieve PCMH Recognition.

Use PCC's [recall tool](#) to identify patients 1-5 years old who had a well visit in the past year but did not also have a fluoride varnish billed during this age range. Restrict by "Age", "Date of Last Physical", and "Exclude by Procedure" to get this list.

## Related Tools

[Age and Insurance Breakdown](#)

# Examples in Practice - ADD/ADHD Follow-Up

Your Score: **72** out of 100

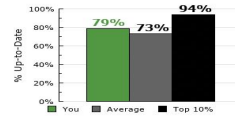
This clinical benchmark is a measure of your success with chronic disease management of ADD/ADHD patients. Various clinical resources, from the AAP to various state laws, indicate that actively managed ADD and ADHD patients must be seen by your practice at least once every six months. This section includes a count of your active ADD and ADHD population, an indication of how many of your active patients have this diagnosis, and how many of these patients are up-to-date on their routine followup visit. You can also view a listing of ADD and ADHD patients who are overdue for a followup visit.

Your office has **127** active ADD/ADHD patients. (**7%** of total active patients)

**32** of these patients are overdue for a followup visit.

## How You Compare

[View Comparison By Provider](#)



Your Practice

**79%**

PCC Client Average

**73%**

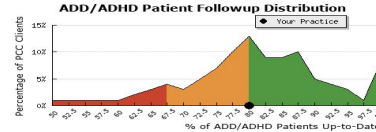
Top Performers

**94%**

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

## PCC Client Distribution

In addition to comparing your practice performance to the pediatric average and top performers, it can also be useful to see a representation of PCC client distribution for this measure. The graph to the right is our unique representation of distribution, showing the range your practice is in (the black dot on the x axis) and how many practices are in other ranges from the worst performance (the red) to the best performance (the green).



## 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.



## Recommendations

Of the 127 active ADD/ADHD patient at your practice, 32 are considered overdue for a followup visit since you haven't seen them in the past six months. Use the [overdue patient listing](#) available in the Dashboard to recall these patients for followup on their medications or ADD/ADHD symptoms.

Be sure to include the appropriate diagnosis code when you bill a visit for a patient with ADD or ADHD. When this condition is addressed during visits, you are likely to bill a detailed office visit (99214) for these patients and this specific diagnosis can be used to justify the higher level visit code.

If you are considering achieving PCMH Recognition with the NCQA, keep in mind that this measure data and overdue patient listing provided for you in the Dashboard can and should be used if you choose ADHD as an important condition and/or reportable chronic care service.

Refer to PCC's [PCMH Resources](#) for details on how to use Partner and PCC EHR tools to achieve PCMH Recognition.

## Related Tools

- [Overdue patient listing](#)
- [Detailed Breakdown - ADD/ADHD Patient Followup](#)

# Examples in Practice - Depression Screening

Seth D. Kaplan MD PA d/b/a TLC Pediatrics of Frisco Frisco, TX Location: All Locations

Measure: Depression Screening Rate - Adolescents

Choose a measure

Dashboard reports updated as of 7/2/2022

Your Score: **88** out of 100

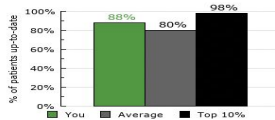
The AAP's Bright Futures™ Guidelines recommend a structured depression screening during well visits for adolescents between the ages of 12-21. For adolescents who had a well visit in the past year, this measure tracks how many of those patients also had at least one screening billed with a 96110, 96127, 99420, G8510, G8431, or G0444 CPT code. The screening can be billed at any visit during the past year to be counted for this measure.

You have **524** active patients ages 12-21 who have had a well visit in the past year.

**460** of these patients had the recommended depression screening performed at some point in the past year.

## How You Compare

[View Comparison By Provider](#)



Your Practice

PCC Client Average

Top Performers

**88%**

**80%**

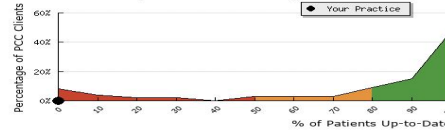
**98%**

(% of adolescents having one well visit and depression screening in past year)

## PCC Client Distribution

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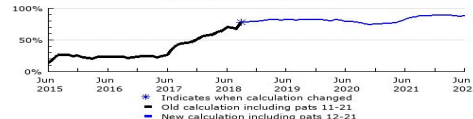
## Adolescent Depression Screening Rates Distribution



## 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.

## Your Practice Trends



[Save trend output as .csv \(spreadsheet\) file](#)

# Using Practice Data to Serve Your Community

- These are but a few examples of how practice-wide data can be used to evaluate and improve the health of the community that a practice serves, even for small practices.
- Benchmarking data can be used to identify priority issues to focus on and PCC EHR/Dashboard provides additional tools to be able to efficiently do so.
- We can get a better picture of community health by comparing internal data to data used by external organizations such as ACOs to make sure they represent an accurate picture.
- We can help improve the health of our local community by using this data to improve our practices and to identify community needs that may be best met by collaboration with other local community resources such as schools, dental providers and community mental and behavioral health agencies.

# Updates as of May 2023



## Practice Vitals Dashboard

- HOME
- COVID-19
- FINANCIAL PULSE
- CLINICAL PULSE
- PCMH
- PATIENT POPULATION
- EDI
- PRODUCTIVITY

**Seth D. Kaplan MD PA d/b/a TLC Pediatrics of Frisco**  
Frisco, TX Location: All Locations

Dashboard reports updated as of 5/6/2023

### My Practice Status

#### Financial Pulse



**87** ⓘ

#### Clinical Pulse



**83** ⓘ

### My Dashboard Priorities ⓘ

#### Top Priorities

- | Score | Measure  |
|-------|--|
| 43    | <a href="#">Fluoride Varnish Rate</a>            |
| 51    | <a href="#">Immunization Rates - Adolescents</a> |
| 52    | <a href="#">Immunization Rates - Influenza</a>   |

#### Next Priorities

Score Measure

# Updates as of May 2023

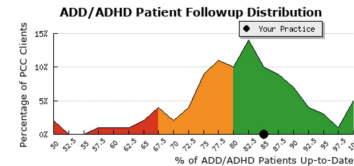
## ■ Immunization Rates

The overall score for this Immunization Rates category is calculated based on your performance for the following immunization rate measures.

Dashboard Measure	Your Immunization Rates	Your Score x	Measure Weight =	Your Weighted Measure Score
<a href="#">Immunization Rates - Adolescents</a>	31%	51	40%	20.4
<a href="#">Immunization Rates - Influenza</a>	39%	52	5%	2.6
<a href="#">Immunization Rates - Influenza (Asthma)</a>	43%	57	5%	2.9
<a href="#">Immunization Rates - Patients 2 Years Old</a>	88%	97	50%	48.5
<b>Your Immunization Rates Weighted Category Score: 74.4</b>				

### PCC Client Distribution

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# Updates as of May 2023

Your Practice

**95%**

PCC Client Average

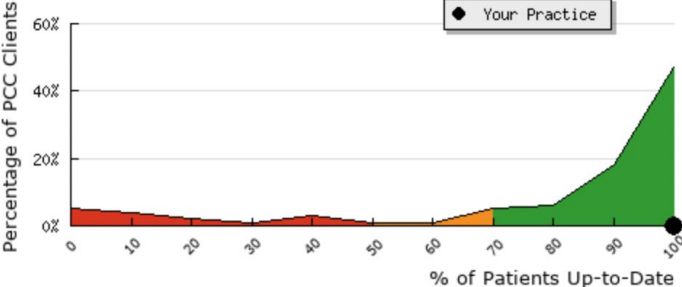
**80%**

Top Performers

**99%**

(% of adolescents having one well visit and depression screening in past year)

**Adolescent Depression Screening Rates Distribution**



# Session Takeaways

1. There are many ways in which we can impact the health of our patients.
2. The dashboard can be used to address issues of health that can be improved for individual patients and for our practices as a whole.
3. As we move towards population health responsibilities, the dashboard can also be used as we work towards improving the health of our communities.

# References

<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

# Want to Dig Deeper into the Dashboard?

- Advanced Reporting Workshop
  - Fri 7/14 - 10am-12pm
- Reporting Drop-In Session
  - Fri 7/14 - 1:15-2:15pm

# What Questions Do You Have?

# Later Viewing

This and all other UC2023 course recordings will be available for later viewing through the app.