

# Introduction to Practice Vitals Dashboard

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Product Owner

UC  
2024

# Session Goals

1. An introduction to various clinical and financial measures within the Dashboard
2. An understanding of how these measures are calculated and how they impact your practice

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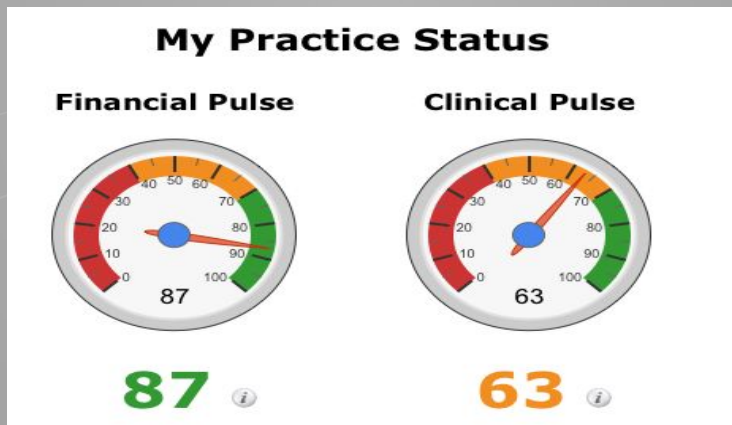


# How often do you use the Dashboard?

- ① Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

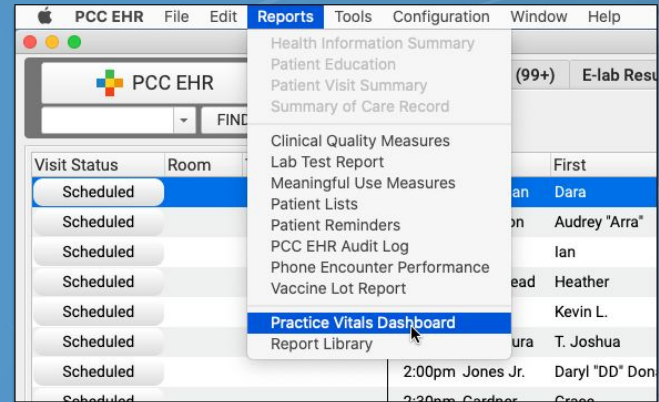
# PCC Dashboard

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



# Dashboard Logins and Data

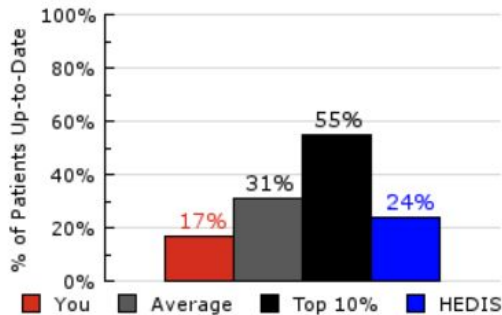
- One login for each practice
- Data collected on the first Saturday of every month. Loaded into production a few days after that
- Most clinical measures are accurate right away for new PCC clients. Financial measures accurate about 6-8 months post go-live



# Pediatric Benchmarks

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

## How You Compare



Your Practice  
**17%**

PCC Client Average  
**31%**

Top Performers  
**55%**

HEDIS<sup>®</sup> Commercial HMO  
**24%**

(% 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	
<b>Top Priorities</b>	
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>
<b>Next Priorities</b>	
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>



# 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



# Inactive Flags

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 FLAG INFORMATION

Flag Name: COVID Vaccine Only

Short Name: COVID Vaccine Only

Priority: 10

Display with patient name? No

Display on encounter form? No

Prevent scheduling with this flag? No

Exclude these patients from reports? Yes

- Review your patient and account flag tables (#12 and #13 in Practice Mgt “Table Editor”)
- If the last question, “Exclude these patients from reports” is set to “Yes”, then patients with these flags are **excluded** from Dashboard clinical measures

# 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.



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

# 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 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 date, and rate (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 6/1/2019

### A. Immunization Measures

Measure	Qualifying Patients	Up-to-Date Patients	% Up-to-Date	% Change (3 mo.)
<a href="#">Immunization Rates - Adolescents</a>	254	51	20%	Insufficient Data
<a href="#">Immunization Rates - HPV (Patients 13-17 Years)</a>	1,119	651	58%	-2.8% ↓
<a href="#">Immunization Rates - HPV (Patients 13 Years)</a>	254	92	36%	-5.0% ↓
<a href="#">Immunization Rates - Influenza *</a>	4,741	3,093	65%	0.6% ↑
<a href="#">Immunization Rates - Influenza (Asthma) *</a>	451	301	67%	-4.3% ↓
<a href="#">Immunization Rates - Meningococcal</a>	1,119	1,088	97%	0.2% ↑
<a href="#">Immunization Rates - Patients 2 Years Old</a>	317	241	76%	-0.1% ↓
<a href="#">Immunization Rates - Tdap</a>	1,119	1,080	97%	0.7% ↑

\* 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. 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

Measure:

Breakdown By:

ADD/ADHD Patient Followup			
Ethnicity	Qualifying Patients	Up-to-Date Patients	% Up-to-Date
None Selected	12	8	67%
Hispanic or Latino	25	18	72%
Not Hispanic or Latino	243	164	67%
Prefers not to answer	13	10	77%

## 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 (resource stewardship measure) relevant to PCMH element Q102-B.

The reporting period for this measure includes appointments from 3/1/2019 to 5/31/2019

Measure	Total Appointments	Missed Appointments	% Missed	% Change (3 mo.)
<a href="#">Missed Appointment Rate</a>	5,272	112	2.1%	0.0% ↑

## 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 (relevant to 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 6/1/2019

### Performance data stratified for individual clinicians

Measure:

ADD/ADHD Patient Followup			
Primary Care Provider	Qualifying Patients	Up-to-Date Patients	% Up-to-Date

# 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

**Sample Practice**  
**Winooski, VT**

Logout  
Change My Password

Dashboard reports updated as of 7/2/2017

### Accounts Receivable (A/R) Summary - Sample Practice

[Download A/R Summary \(.pdf version\)](#)

**(Last Updated 7/2/2017)**

Welcome to your Practice Vitals Dashboard Accounts Receivable (A/R) Summary. This section will help you monitor how much you are collecting each month and show a current and historical A/R status for your practice, comparing your performance with pediatric benchmarks. In addition to an A/R overview, we will also provide an aging breakdown including a comparison of personal and insurance A/R. We welcome any feedback or comments you may have regarding this new format.

#### How much revenue are you generating?

Tracking monthly collection trends for your practice is one way to monitor the financial health of your practice. The graph below shows monthly payment totals for the selected provider over the past twelve months. Payments include cash, check, and credit card payments (minus any refunds) and are subtotaled by payment posting month. To view payment trends for an individual provider, select the provider from the drop-down menu and click "Generate Graph".

Since collection amounts can vary significantly from month-to-month depending on the season, you may want to compare total payments collected for an individual month. The following graph will allow you to compare total payments collected during a selected month, versus the same month in prior years. Select a month from the drop-down menu and click "Generate Graph".

Choose Provider:

#### All Providers

Total Payment Trends (Past 12 Months)

Month	Payment Total (\$ Thousands)
Jul 2016	\$95
Aug 2016	\$127
Sep 2016	\$114
Oct 2016	\$151
Nov 2016	\$152
Dec 2016	\$129
Jan 2017	\$131
Feb 2017	\$123
Mar 2017	\$119
Apr 2017	\$127
May 2017	\$142
Jun 2017	\$128

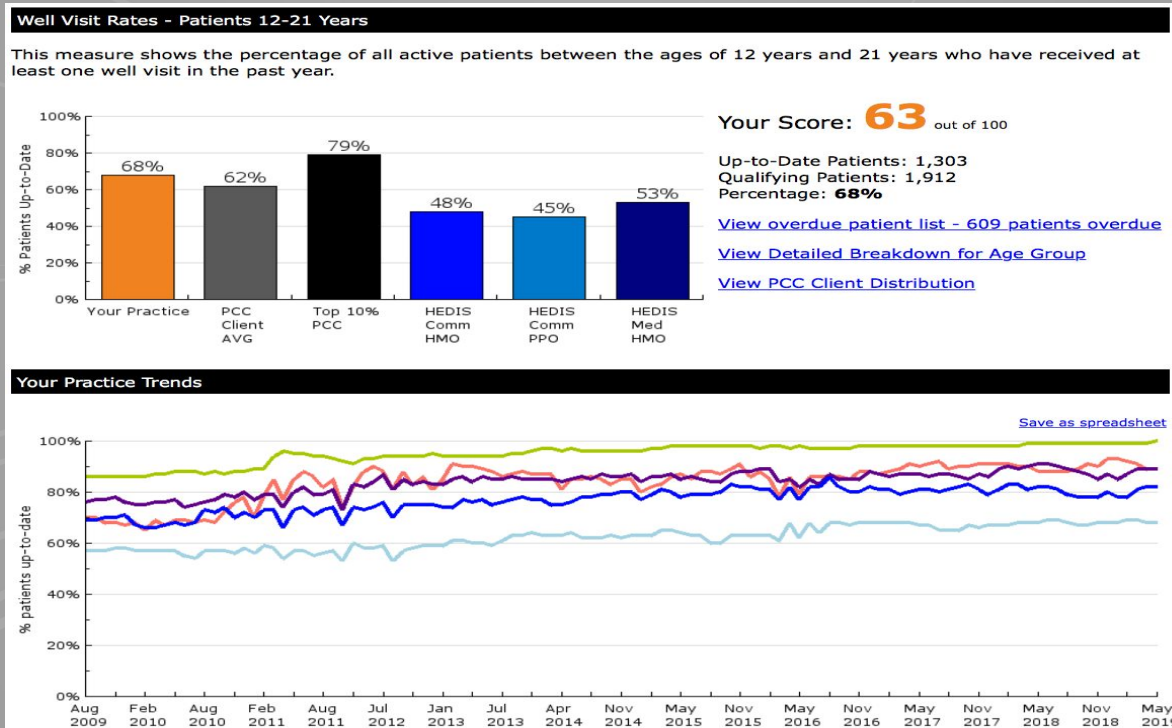
Choose Month:

#### All Providers

Total Payments (January Trends)

Month	Payment Total (\$ Thousands)
Jan 2003	\$65
Jan 2004	\$85
Jan 2005	\$74
Jan 2006	\$73
Jan 2007	\$89
Jan 2008	\$110
Jan 2009	\$90
Jan 2010	\$88
Jan 2011	\$88
Jan 2012	\$146
Jan 2013	\$171
Jan 2014	\$131
Jan 2015	\$114
Jan 2016	\$110
Jan 2017	\$131

# % of Patients Up-to-Date on Well Visits



# “Under 15 Months” Measure Explained

- Based on the standard HEDIS measure and counts active patients having 6 well visits before age 15mo.
- Denominator represents patients who turned 15 months old in the past year (currently 15-27 months old). **Not patients currently under 15 months old**
- If a patient misses the measure, they will continue to show as overdue for this measure until they turn 27 months of age
- Patients whose 1st visit was >6 weeks after birth are excluded as they likely won't have a chance to get 6 well visits before 15mo.

# Detailed Measure Breakdown

## Detailed Breakdown: Primary Insurance

Show Breakdown By:

Primary Insurance

Primary Insurance	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Insurance	5,364	1,870	3,494	65%
Medicaid	92	50	42	46%
Aetna	291	116	175	60%
Blue Cross/Blue Shield	869	307	562	65%
Cigna	186	60	126	68%
GHI-CBP	392	176	216	55%
Oxford	206	84	122	59%

## Detailed Breakdown: Primary Care Provider

Show Breakdown By:

Primary Care Provider

Primary Care Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	5,365	1,870	3,495	65%
Provider 2	2,778	945	1,833	66%
Provider 6	853	373	480	56%
Provider 34	1	0	1	100%
Provider 40	19	11	8	42%
Provider 9	383	94	289	75%

- See breakdown of some measure results by insurance, PCP, sex, and other criteria
- Compare these results with your payor-reported performance

# Measure Results by Insurance

## PCMH Dashboard

### QI 05 (1 Credit) Health Disparities Assessment

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#### Performance data stratified for vulnerable populations

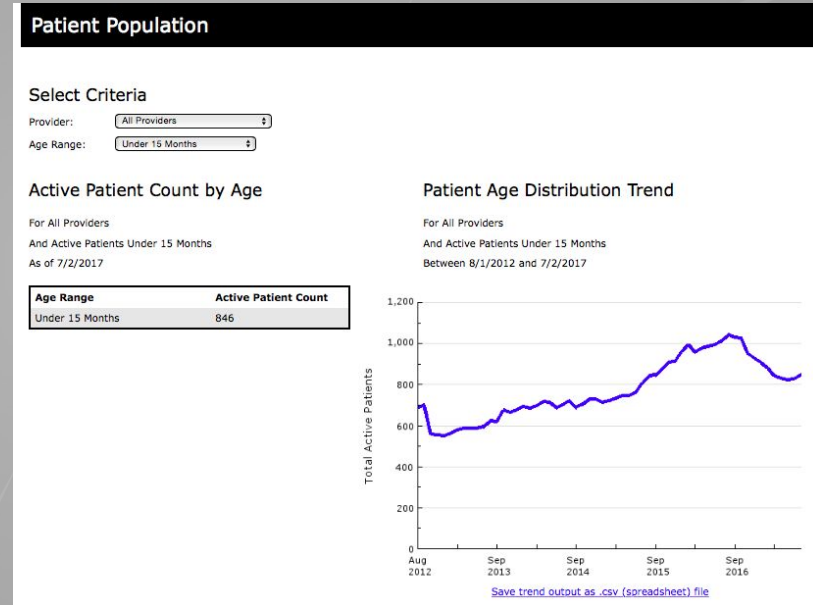
Measure:

Breakdown By:

Well Visit Rates - 12-21 Years			
Primary Insurance	Qualifying Patients	Up-to-Date Patients	% Up-to-Date
Other Insurance	38	21	55%
Medicaid	312	228	73%
BCBS	635	506	80%
Cigna	172	130	76%
MVP	125	90	72%
First Health	15	13	87%
Tricare	6	2	33%
CBA BLUE	19	16	84%
United HC	42	30	71%
AETNA	26	22	85%
BCBS OTHER	148	105	71%

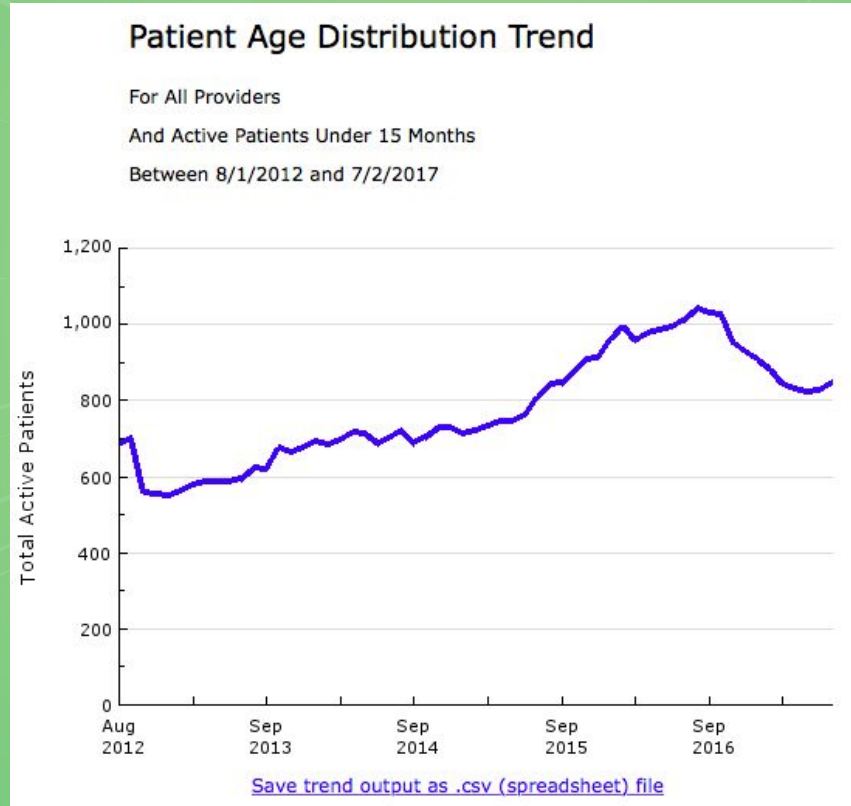
# Patient Population Trends

- 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





# Immunization Rates

Measure	Qualifying Patients	Up-to-Date Patients	% Up-to-Date	% Change (3 mo.)
<a href="#">Immunization Rates - Adolescents</a>	254	51	20%	Insufficient Data
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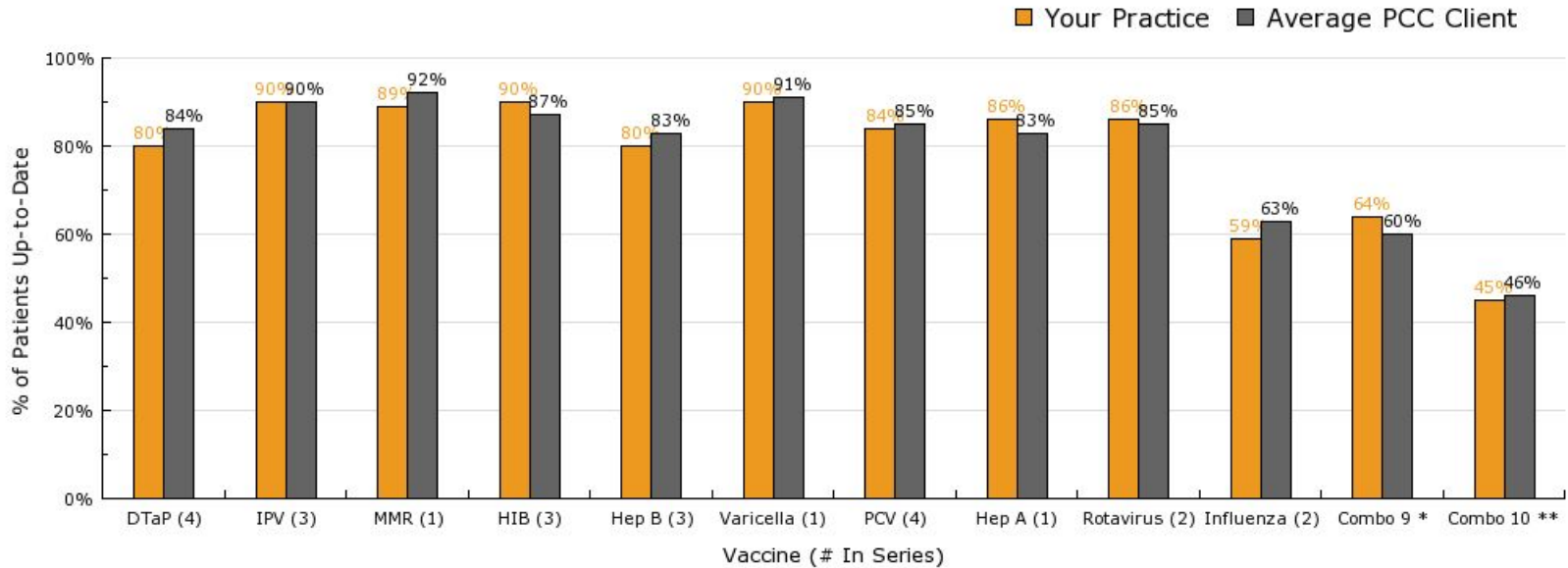
- Patients with “Inactive” flags (on patient or guarantor record) are omitted
- Historical and administered immunizations are included in these calculations

# Childhood Immunization Rates

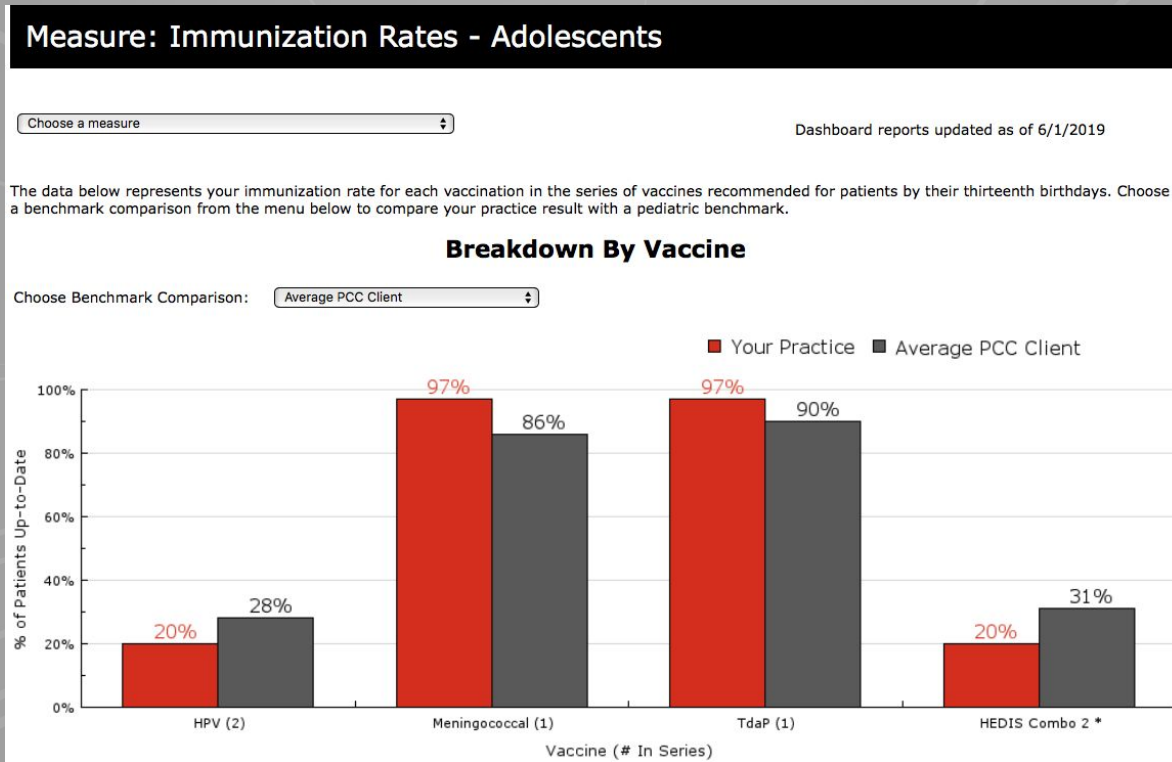
## Breakdown By Vaccine

Choose Benchmark Comparison:

Average PCC Client



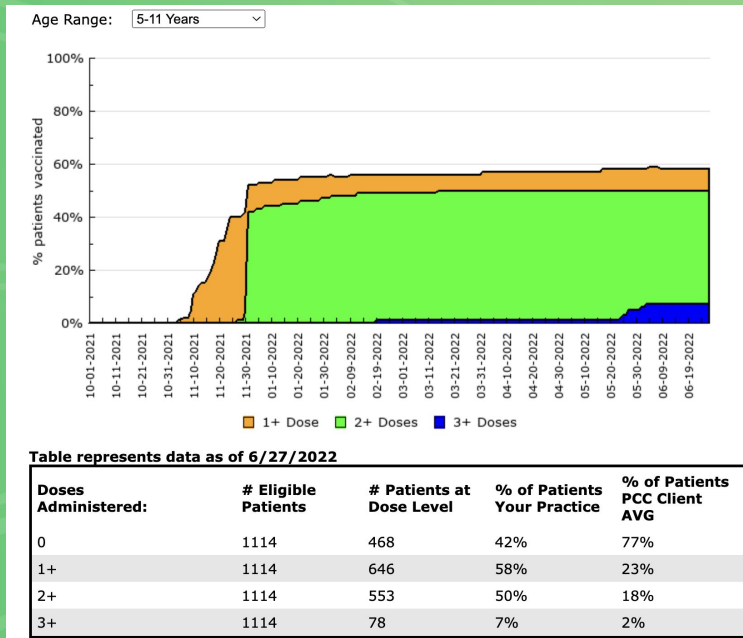
# Adolescent Immunization Rates



- Includes PCC and HEDIS benchmarks



# COVID-19 Immunization Rates

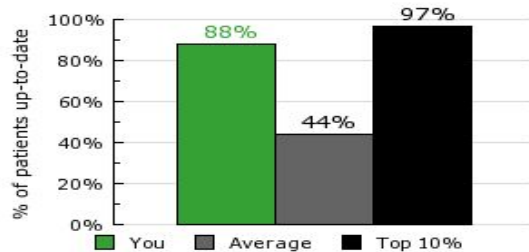


- Includes vaccine trends for 4 age groups:
  - 6mo - 4 Years
  - 5 - 11 Years
  - 12 - 17 Years
  - 18 - 20 Years
- Includes administered and historical vaccine dates
- Includes vaccines for your active patients only

# Depression and Developmental Screening Rates

## How You Compare

[View Comparison By Provider](#)



Your Practice

**88%**

PCC Client Average

**44%**

Top Performers

**97%**

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

- Includes measure for active adolescents getting depression screening in past year or infants getting developmental screening between 6-12 months of age
- Based on billing codes (96127, 96110, G0444, or 99420 for adolescents) (96110, G0444, or 96127 for infants)
- Includes breakdown by provider (PCP)

# Weight Assessment and Counseling

## Measure: Weight Assessment and Counseling for Nutrition and Physical Activity

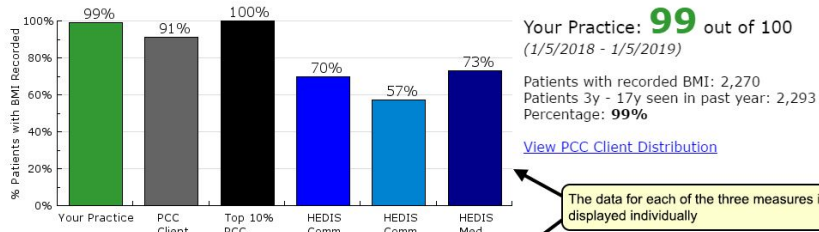
Choose a measure

Dashboard reports updated as of 1/5/2019

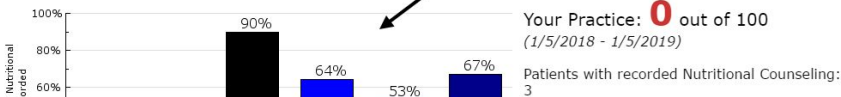
This set of three measures indicates how often your practice assesses body mass index (BMI) for your 3-17 year-old patient population and, separately, how often you provide nutritional and physical activity counseling to these patients.

These measures, based on the [HEDIS® Weight Assessment and Counseling Measure](#), show the percentage of patients 3-17 years of age who had at least one BMI recording documented during an office visit in the past year. Since it is also important to provide guidance for maintaining a healthy weight and lifestyle, this measure will additionally show how often these patients had counseling for nutrition and counseling for physical activity performed at least once during an office visit in the past year. This counseling is tracked in PCC EHR via orders mapped to [appropriate SNOMED-CT Procedures](#).

### Weight Assessment



### Nutritional Counseling



- For patients 3-17 years old, measure of how often the following are documented:
  - BMI
  - Nutritional counseling
  - Physical activity counseling
- Includes HEDIS benchmarks



# Location-Specific Clinical Measure Reporting

Your score, graphs, and the metrics on the page update as soon as you filter by location. The new numbers are based on the subset of patients assigned to the location you selected

Sample Practice  
Burlington, VT

Measure: Well Visit Rates

Location: Location 1

Choose a measure

Dashboard reports updated as of 1/7/2021

Well visits provide a critical opportunity for preventive services including screening, counseling, and vaccination. The set of measures below, based on the [HEDIS® Child and Adolescent Well-Care Visit measures](#), indicate the percentage of your patients that are up-to-date on their recommended well visit.

Well Visit Rates - Patients Under 15 Months

This measure shows the percentage of active patients who have received six or more well visits at your practice by the time they turn 15 months of age. If a patient was added to the practice later than 6 weeks after their birth date, they will be excluded from the measure.

Measure	Percentage
Well Visit Rates - Patients Under 15 Months	79%
Well Visit Rates - Patients Under 15 Months	90%
Well Visit Rates - Patients Under 15 Months	99%
Well Visit Rates - Patients Under 15 Months	78%
Well Visit Rates - Patients Under 15 Months	78%

Your Score: **71** out of 100

Up-to-Date Patients: 238



Let's See It  
In Action



# Session Takeaways

1. Discovery of Dashboard features
2. Understanding of how Dashboard measures are calculated
3. Recognition of opportunities for improvement for your practice

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# What is most important to you about the Dashboard?

① Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

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**What other measures would you like to see in the Dashboard?**

- ① Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

# References

- [PCC Dashboard documentation](#)
- [Oversight Reporting Video Series](#)

# Related Sessions

- Beginner Roundtable (Precon) - Tue 7/16  
4:00-5:00pm
- Financial Oversight Reporting - Thu 7/18, 10-12
- Clinical Oversight Reporting - Fri 7/19, 9:50-12
- Reporting Drop-In Session - Fri 7/19, 1:15-2:15

# What Questions Do You Have?