Clinical Oversight Reporting

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Session Goals

 An introduction to various operational and strategic clinical oversight reports within PCC EHR and PCC PM

2. A recognition of the areas of your practice that need the most oversight and ways you can address those areas





Clinical Operations Oversight

Information necessary to oversee routine clinical operations at your practice



- Phone messaging and portal activity
- Vaccine Inventory
- Patient Communication
- Orders
- Rx or Lab counts

Clinical Strategic Oversight

Information necessary to oversee the clinical health of your practice and quality improvement initiatives



- Well visit rates
- Immunization rates
- Screening rates
- Chronic disease mgt.
 (ADHD, asthma, obesity, etc)

Population Management

Identifying patients who are in need of care and establishing an ongoing recall and outreach process

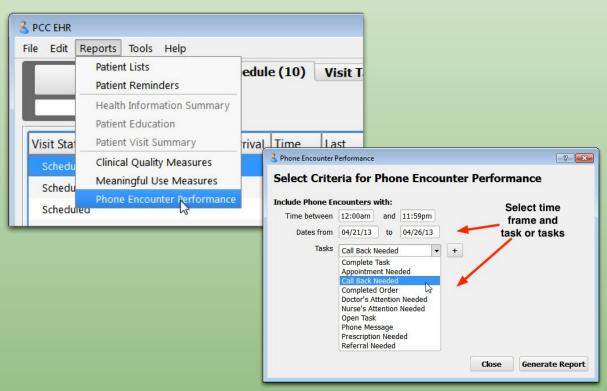


- Care Plan Oversight
- Patient Recall for:
 - Preventive Care
 - Chronic Care
 - Vaccinations





Phone Encounter Response Time

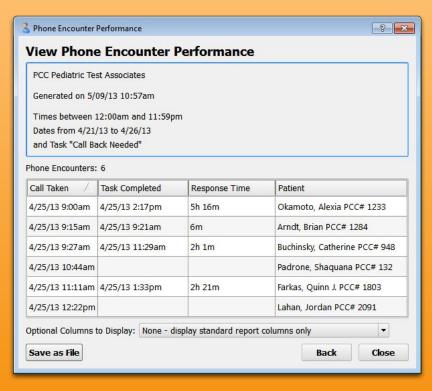


- Track how long it is taking for phone note tasks to be responded to
- Filter by task type to focus on response to just certain tasks (ie, "Doctor's Attention Needed", etc)





Phone Encounter Response Time



 Optionally display user who took phone call, user who completed task, and other information





Portal Message Response Time

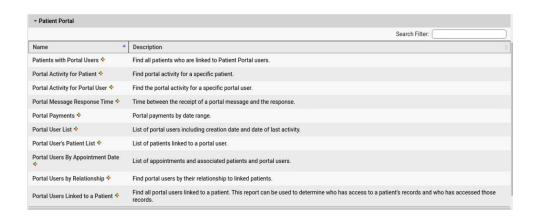
Report Library	<u> </u>
Report Name A	Description
Patients Linked to a Portal User	List of patients linked to a portal user.
Portal Activity for Patient	Find portal activity for a specific patient.
Portal Activity for Portal User	Find the portal activity for a specific portal user.
Portal Message Response Time	Time between the receipt of a portal message and the response.
Portal User List	List of portal users including creation date and date of last activity.
Portal Users By Appointment Date	List of appointments and associated patients and portal users.
Portal Users Linked to a Patient	Find all portal users linked to a patient. This report can be used to determine who has records.

 Use this report to track the time between the receipt of the portal message from the patient and the response





Portal Administration



Portal reports provide information on portal accounts and activity that falls into a set of categories:

- Portal user and activity audits
- Portal payment details
- Portal message audits
- Patients who do/don't have portal users





Portal User and Activity Audits

Report	Purpose
Portal Activity for a Patient	Determine portal logins and access for a specific patient
Portal Users Linked to a Patient	See login and access details, and a list of who is connected to a specific patient
Portal User List	A larger audit of who has been created and added to the portal user list during a specific period





Portal User and Activity Audits

Report	Purpose
Patients with Portal Users	Provides a full list of patients who do and do not have portal users. You can send a broadcast message to these groups to improve sign-ups, announce changes to the portal (like adopting pre-check-in, self-scheduling), etc.
Portal Users by Appointment Date	Useful for determining who needs a portal user added ahead of an upcoming appointment (for pre-check-in, as an example)
Portal Users by Relationship	Need to know if you have set up your teenagers appropriately for CHADIS? This report can help.





Vaccine Inventory Management

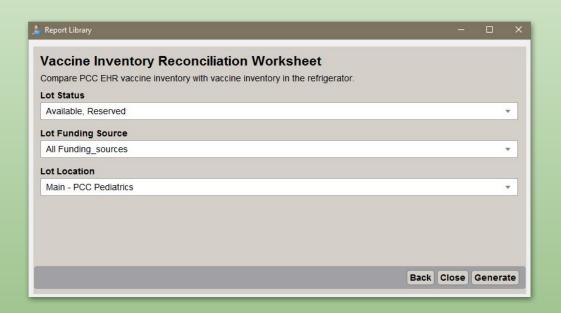


- Used in tandem with the Vaccine Lot Manager, the Report Library helps you successfully manage your inventory.
- PCC provides 4 main reports for inventory management in the "Immunization" category:
 - Immunization Administration Count
 - Immunization Administration Details
 - Vaccine Inventory Reconciliation
 Worksheet
 - Vaccine Inventory Transaction Log





Vaccine Inventory Reconciliation

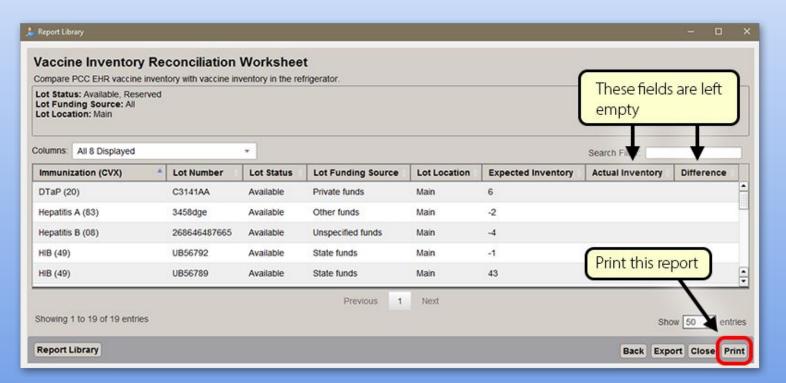


- Use to compare vaccine inventory in PCC EHR to what you actually have in the fridge
- Must be using PCC vaccine inventory features





Vaccine Inventory Reconciliation







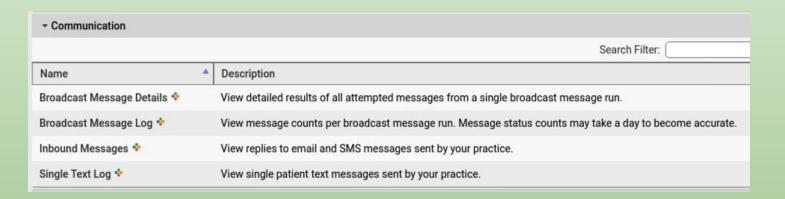
Vaccine Inventory Management

- 1. If your stock does not match the report:
 - a. Refer to the **Immunization Administration Details** to determine whether a Lot Number was not entered for the vaccine in question.
 - b. Compare administration of Private vs. VFC lots using the **Immunization Administration Counts.**
 - If the discrepancy exists there, you can drill down by using the Immunization Administration Details to determine the incorrect entry or entries.
 - c. Update patient records & administration details as needed.





Patient Communication Oversight

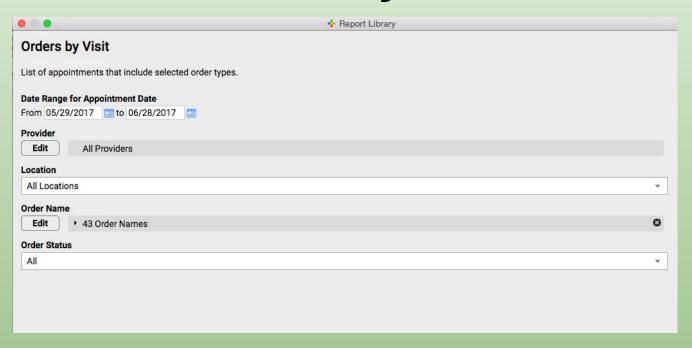


Use the **Communication Reports** to audit and review your broadcast and single-text messaging. You can also **review inbound replies** to your SMS and email messages. Although PCC's SMS and Broadcast Messaging systems are intended to be unidirectional, the receiving parties may occasionally reply to a message.





Orders by Visit

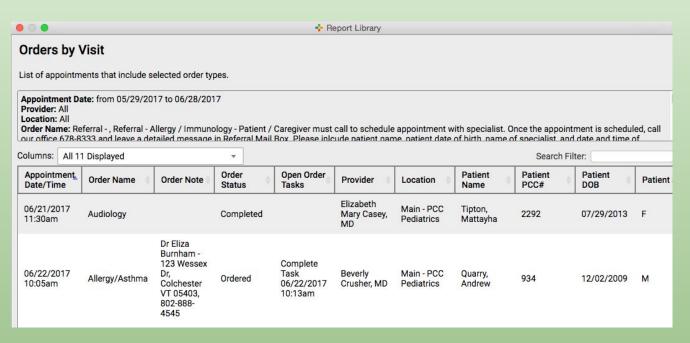


Use this to generate a report of encounters with selected order types





Orders by Visit

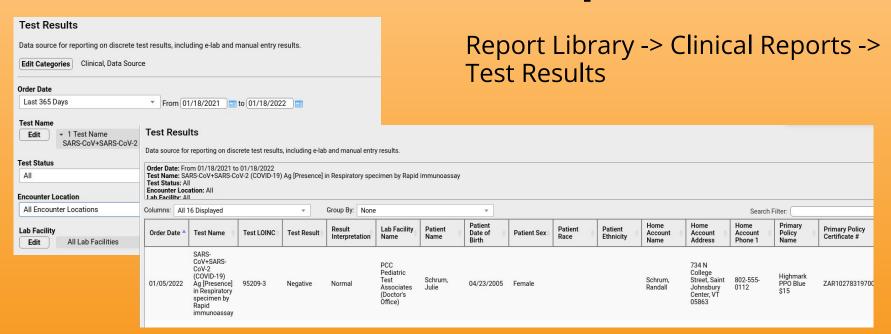


Can show referrals, screenings, medical procedures, radiology, labs ordered with associated tasks





Test Results Report



Can be useful for COVID or other lab test reporting





Clinical Strategic Oversight Reporting





Bright Futures Periodicity Schedule

https://www.aap.org/periodicityschedule

Are you missing any recommended preventive care opportunities?

				INFANCY	_	_						CHILDHOOD							HILDHOOI				La constru				OLESCENCI					
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 у	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	2
HISTORY Initial/Interval	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS																																
Length/Height and Weight		•	•		•	•	•	•	•	•	•	•	•	•	•	•			•	•	•	•		•	•		•	•		•	•	
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length		•	•	•	•	•	•	•	•	•	•																					
Body Mass Index ⁵												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure ⁶		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING																																
Vision ⁷		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	*	•	*	•	*	•	*	*	•	*	*	*	*	*	
Hearing		•1	●9 —		-	*	*	*	*	*	*	*	*	*	•	•	•	*	•	*	•	4		- 011 -	-	-		-	4			=
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening ¹¹				•	•	•	•																									
Developmental Screening ¹²								•			•		•																			
Autism Spectrum Disorder Screening ¹³											•	•																				
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Behavioral/Social/Emotional Screening ¹⁴		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•		•	•	
Tobacco, Alcohol, or Drug Use Assessment ¹⁵																						*	*	*	*	*	*	*	*	*	*	E .
Depression and Suicide Risk Screening 16																							•	•	•	•	•	•		•	•	
PHYSICAL EXAMINATION ¹⁷		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
PROCEDURES"																																
Newborn Blood		•19	● 20 =		-																											
Newborn Bilirubin ²¹		•																														
Critical Congenital Heart Defect ²²		•																														
Immunization ²⁵		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	
Anemia ²⁴						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead ²⁵							*	*	● or ★25		*	● or ★26		*	*	*	*															
Tuberculosis ²⁷				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Dyslipidemia ³⁸												*			*		*		*	4	-•-	-	*	*	*	*	*	4				Ε.
Sexually Transmitted Infections ²⁹																						*	*	*	*	*	*	*	*	*	*	
HIV®																						*	*	*	*	4			-	*	*	
Hepatitis B Virus Infection ³¹		*-																														F.
Hepatitis C Virus Infection ¹²																													•-			Ε.
Sudden Cardiac Arrest/Death ³³																						*-										Ε.
Cervical Dysplasia ³⁴																																
ORAL HEALTH ²³							●36	●36	*		*	*	*	*	*	*	*															П
Fluoride Varnish ³⁷							4									-																
Fluoride Supplementation ¹⁰							*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*					
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		•	•	П



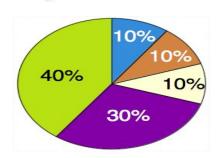


Clinical Pulse



64

Weight of Each Clinical Pulse Category



Clinical Pulse Categories	Category Weight	×	Your Category Scores	=	Your Weighted Scores
Well Visit Rates *	40%		71.8		28.72
Immunization Rates *	30%		49.4		14.82
ADD/ADHD Patient Followup	10%		74		7.40
Sick-to-Well Visit Ratio	10%		27		2.70
Diagnoses-per-Visit	10%		100		10.00
	Your	Clini	cal Pulse:		64

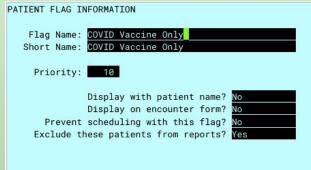
^{*} Category includes multiple measures. See below.





Inactive Flags

rray Name.	Hospital Only	
ort Name:	Hospital Only	
Priority:		i.
	Display with patient name?	
	Display on encounter form?	Yes
Prevent	scheduling with this flag?	No.



- Review your patient and account flag tables (#12 and #13 in ted.)
- If the last question, "Exclude these patients from reports" is set to "Yes", then patients with these flags are excluded from Dashboard clinical measures





PCMH Dashboard

QI 01 (Core) - Clinical Quality Measurement

* Influenza rates are seasonal. This measure represents patients vaccinated since July 1. The properties are

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				
Immunization Rates - Adolescents	254	51	20%	Insufficient Data		
Immunization Rates - HPV (Patients 13-17 Years)	1,119	651	58%	-2.8% 🧈		
Immunization Rates - HPV (Patients 13 Years)	254	92	36%			
Immunization Rates - Influenza *	4,741	3,093	Q1 05 (1	Credit) Hea	ith Disparitie	s Assessment
Immunization Rates - Influenza (Asthma) *	451	301	The practice assess experience measure	es health disparities using the local terms of the menus below the menus below the menus below the local terms of the local ter	g performance data stratifie to stratify one clinical quality	ed for vulnerable populations. You must choose one clinical quality and one patient y measure for a selected vulnerable population.
Immunization Rates - Meningococcal	1,119	1,088	Reporting period in	cludes active patients as	of 6/1/2019	
Immunization Rates - Patients 2 Years Old	317				or vulnerable popul	ations
Immunization Rates - Tdap	1,119	1,080				

 breakdown by:	*)		
	ADD/ADHD Patier	t 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%
D	42	40	770/

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 QI02-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.)
Missed Appointment Rate	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

		ADD/ADHD Patient Follow	ир	
Primary Care Prov	ider	Qualifying Patients	Up-to-Date Patients	% Up-to-Date

- Summary of current immunization, preventive care, chronic/acute care, and behavioral health measures
- Indication of recent trends (past 3 mos)
- Measure breakdown by PCP and other categories





% of Patients Up-to-Date on Well Visits

- Indicator of recall effort and preventive care focus at your practice
- Only "active" patients (seen in past three years) are counted
- Patients with "Inactive" flags (on patient or account record) are omitted
- Low % of patients up-to-date indicates opportunity for more well visits
- Use the EHR Report Library for up-to-date recall lists of overdue patients

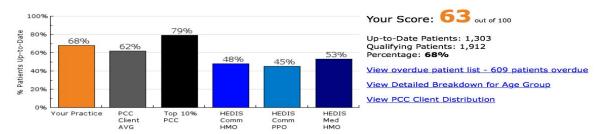


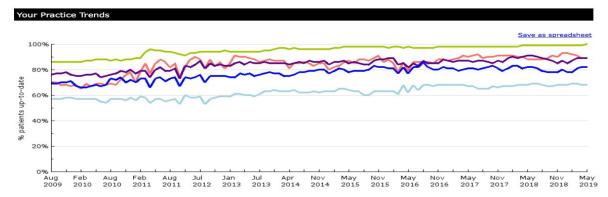


% of Patients Up-to-Date on Well Visits

Well Visit Rates - Patients 12-21 Years

This measure shows the percentage of all active patients between the ages of 12 years and 21 years who have received at least one well visit in the past year.









"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 (so...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.





% of Patients Up-to-Date on Well Visits

Show Breakdown By: Primar	y 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%
Uxfora	206	84	122	

Detailed Breakdown	: Primary	Care Pr	ovider	
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 well visit rates by insurance or primary care provider
- Compare these results with your payor-reported performance





Clinical Oversight Leads to Revenue Opportunity

- Does your practice have a recall process?
- How many of your active patients are overdue for a well visit?
- How can you fit these patients into your schedule?

Patient Age	# Patients Overdue for a well visit	AVG \$ Deposited per well visit *	Annual Revenue Opportunity
3 - 6 Years	200	\$243	\$49,000
7 - 11 Years	300	\$221	\$66,000
12 - 18 Years	400	\$276	\$110,000





Immunization Rates

Measure	Qualifying Patients	Up-to-Date Patients	% Up-to- Date	% Change (3 mo.)	
Immunization Rates - Adolescents	254	51	20%	Insufficient Data	
Immunization Rates - HPV (Patients 13-17 Years)	1,119	651	58%	-2.8% 💤	
Immunization Rates - HPV (Patients 13 Years)	254	92	36%	-5.0% 🕹	
Immunization Rates - Influenza *	4,741	3,093	65%	0.6% 🏠	
Immunization Rates - Influenza (Asthma) *	451	301	67%	-4.3% 🐺	
Immunization Rates - Meningococcal	1,119	1,088	97%	0.2% 🎓	
Immunization Rates - Patients 2 Years Old	317	241	76%	-0.1% 🦊	
Immunization Rates - Tdap	1,119	1,080	97%	0.7% 🎓	

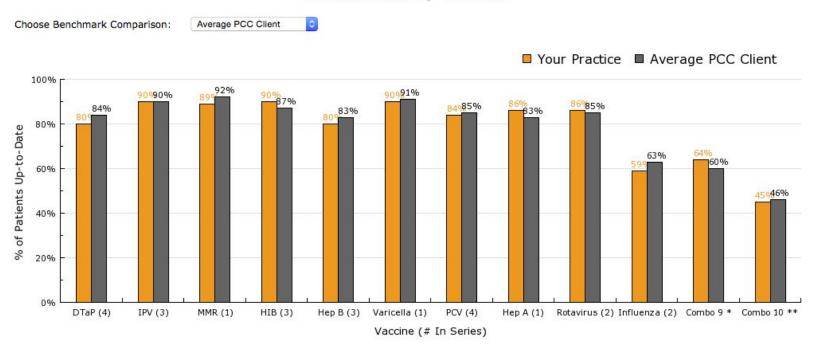
- Patients with "Inactive" flags (on patient or guarantor record) are omitted
- Historical and administered immunizations are included in these calculations





Childhood Immunization Rates

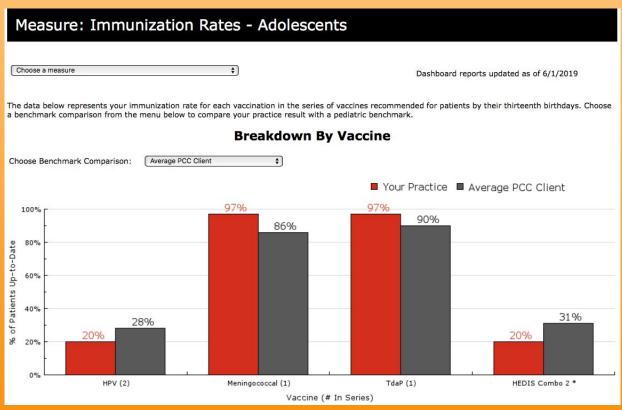
Breakdown By Vaccine







Adolescent Immunization Rates



 Includes PCC and HEDIS benchmarks





Adolescent Depression Screening

					AD	OLESCENCE					
AGE¹	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS											
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•
Head Circumference											
Weight for Length											
Body Mass Index ⁵	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁶	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING											
Vision ⁷	*	•	*	*	•	*	*	*	*	*	*
Hearing	+		● 10	→	-		→	•		-•-	→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH											
Maternal Depression Screening ¹¹											
Developmental Screening ¹²	6					8					
Autism Spectrum Disorder Screening ¹³											
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening ¹⁴		•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment ¹⁵	*	*	*	*	*	*	*	*	*	*	*
Depression and Suicide Risk Screening ¹⁶		•	•	•	•	•	•	•	•	•	•

AVG Payment for this

screening = \$6

CPT Code - 96127





Depression Screening Rates



- Percentage of active adolescents getting depression screening in past year
- Based on billing codes (96127, 96110, G0444, or 99420 for adolescents)
- Includes breakdown by provider (PCP)





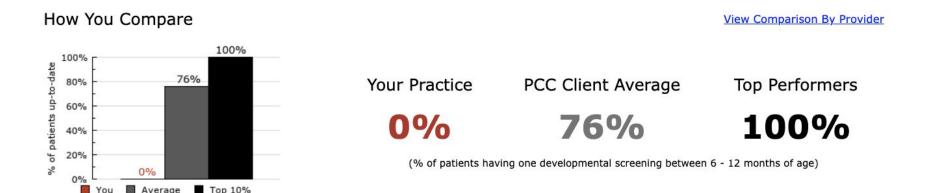
Infant Developmental Screening

	INFANCY							
AGE¹	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo
HISTORY Initial/Interval	•	•	•	•	•	•	•	•
MEASUREMENTS								
Length/Height and Weight		•	•	•	•	•	•	•
Head Circumference		•	•	•		•	•	•
Weight for Length		•	•	•	•	•	•	•
Body Mass Index ⁵								
Blood Pressure ⁶		*	*	*	*	*	*	*
SENSORY SCREENING								
Vision ⁷		*	*	*	*	*	*	*
Hearing		●8	●9 —		-	*	*	*
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH								
Maternal Depression Screening ¹¹				•	•	•	•	
Developmental Screening ¹²								•





Infant Developmental Screening Rates

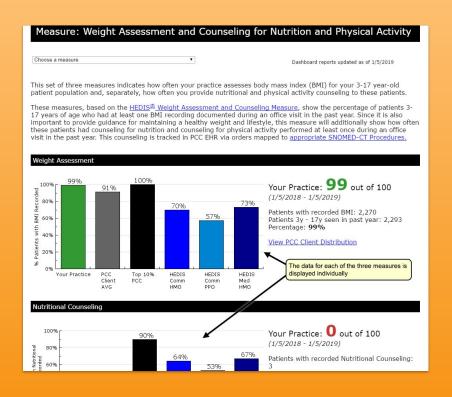


- Measure of infants getting developmental screening between 6-12 months of age
- Based on billing codes (96110, G0444, or 96127 for infants)
- Includes breakdown by provider (PCP)





Weight Assessment and Counseling

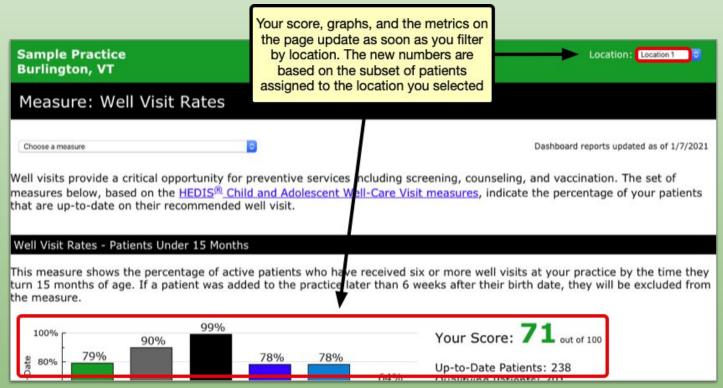


- For patients 3-17 years old, measure of how often the following are documented:
 - o BMI
 - Nutritional counseling
 - Physical activity counseling
- Includes HEDIS benchmarks





Location-Specific Clinical Measure Reporting







Standardized Measures

Coming soon to Report Library

Measure	Description
Screening for Depression and Follow-up Plan	Percentage of patients 12-17 yrs old seen in reporting period that are screened for depression and have a follow-up plan for positive screening
Childhood Immunization Status	Percentage of patients turning 2 in reporting period who are up-to-date on recommended vaccines
Weight Assessment and Counseling for Nutrition and Physical Activity	Percentage of patients 3-17 yrs old seen in reporting period having height and weight assessed and counseling for nutrition and exercise provided
Documentation of Current Medications in Medical Record	Percentage of visits where a list of current medications are documented



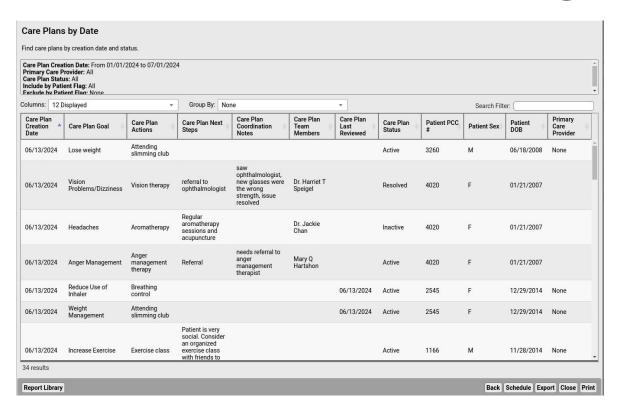


Population Management





Care Plan Management



- Use RL Clinical Reports -> "Care Plans by Date" report to monitor patients with a care plan
- Is it time for a follow-up visit to check in on a patient's care plan?





Patient Recall in the EHR

- <u>Use the "Preventive Care Recall" report</u> in the EHR Report Library for customized lists of patients who are overdue for well visit
- Create customized recall lists for different age groups with specific output columns
- Use <u>PCC's Broadcast Messaging functionality</u> within the EHR Report Library to easily reach out to patients who are overdue
 - No extra cost for PCC's Broadcast Messaging functionality
- <u>Schedule recall lists</u> to be generated for you on a regular basis





Well Visit Recall

Use EHR Report Library - Patient Recall -> "Preventive Care Recall"

- Restrict on:
 - Visit date (last 3 yrs to include active patients)
 - Exclude by Patient flag (exclude pats w/ any type of inactive flag)
 - Patient age (focus on specific age range)
 - Physical due date (all past dates through next 90 days)
 - Exclude by scheduled appointment (exclude all well visit appointment types over next 365 days)





Chronic Condition Recall

Use EHR Report Library - Patient Recall -> "Chronic Condition Recall"

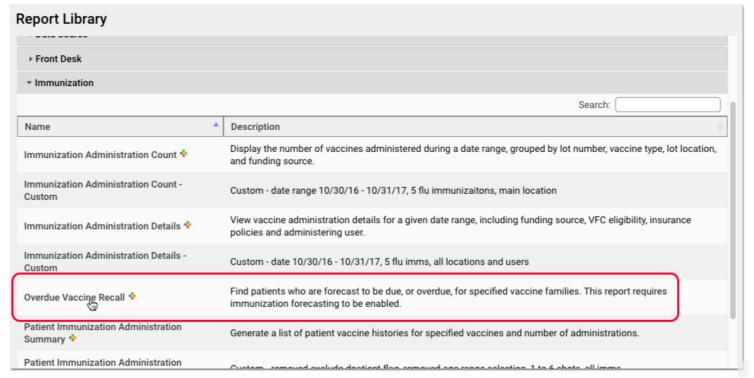
• Restrict on:

- Visit date (last 3 yrs to include active patients)
- Exclude by Patient flag (exclude pats w/ any type of inactive flag)
- Patient age (focus on specific age range)
- Clinical Diagnosis (include pats w/ specified diagnosis)
- Exclude by scheduled appointment (exclude all appointment types over next 365 days)
- Exclude by charges (exclude patients having any charge billed in past X months. If the patient was seen recently, they aren't overdue)





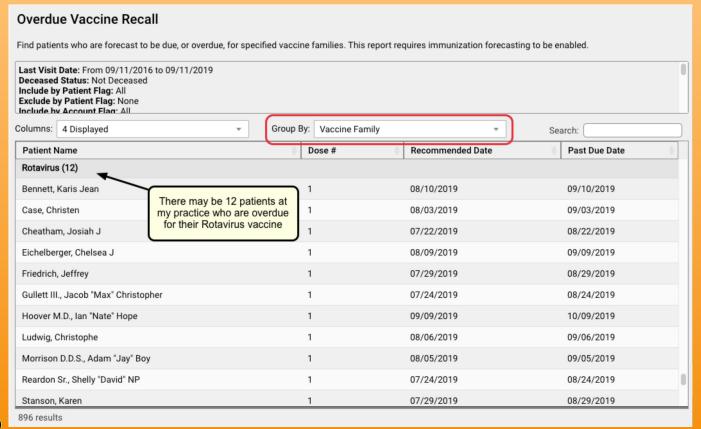
Identify Patients Overdue for Vaccines







Identify Patients Overdue for Vaccines







Live Demo

- Well Visit Recall
- Immunization Recall
- Broadcast Messaging
- Scheduling Reports





Which clinical areas of your practice need more oversight?





Thank You!

Reporting Drop-In Session (Fri 7/19, 1:15-2:15)

Reach out to PCC support for help with your specific report needs. PCC reporting is very customizable!

Tim Proctor tim@pcc.com



What Questions Do You Have?

Questions posted in the app will be read aloud by moderator for the presenter to answer. Please post your questions now.



