

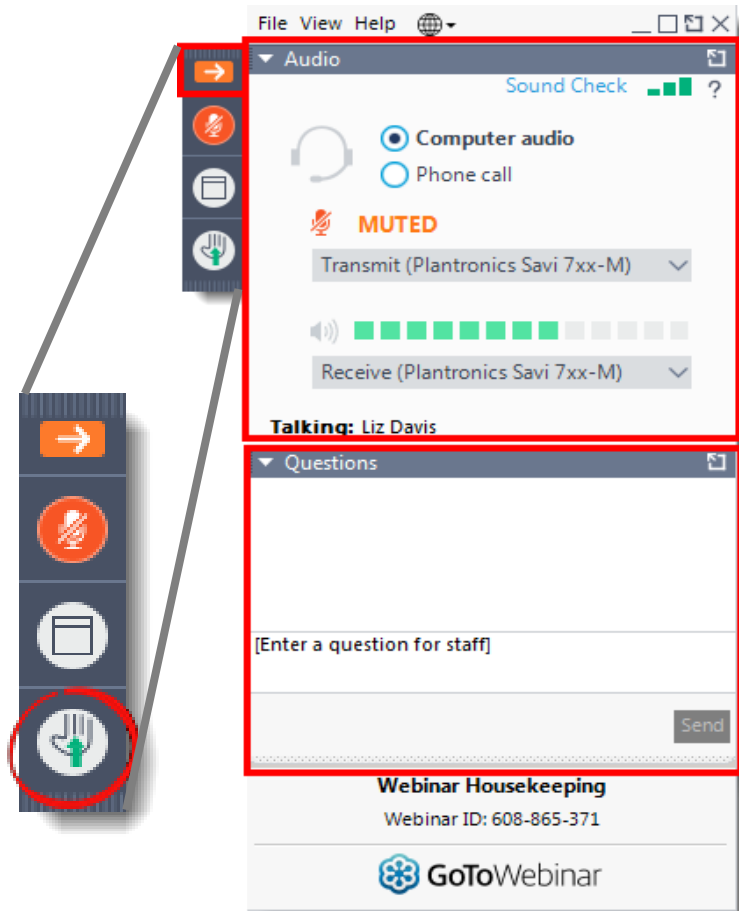


SIM PCMH Initiative

OFFICE HOURS: MDC DASHBOARDS

MARCH 21, 2019 | 12:30 – 1:30 PM

Housekeeping: *Webinar Toolbar Features*



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

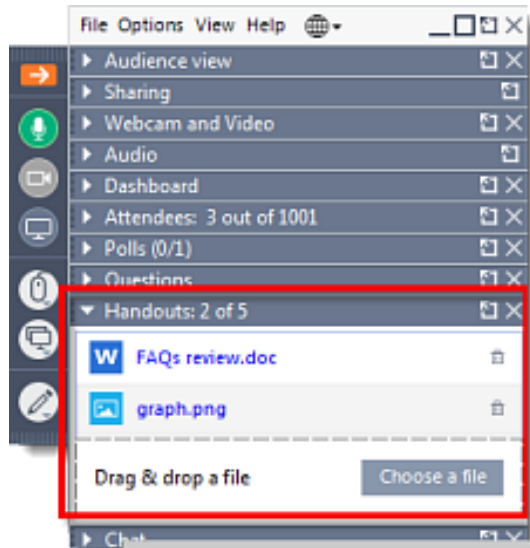
Note: If time allows, we will unmute participants to ask questions verbally.

- Please raise your hand to be unmuted for verbal questions.

NOTE:

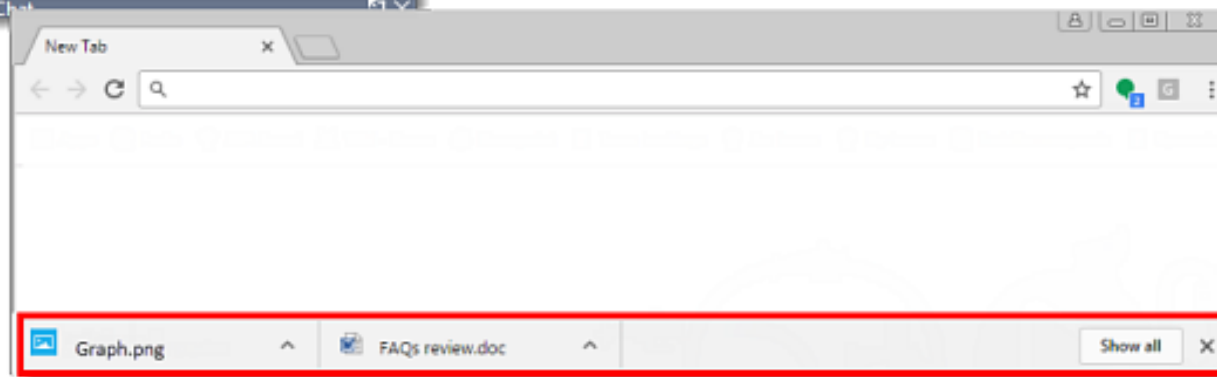
In the event that there is not time to answer questions live, all questions submitted via the Question Function of the GoToWebinar toolbar will be recorded, an FAQ generated and posted to our webpage

Housekeeping: *Webinar Resources/Handouts*



Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.





DASHBOARD

OVERVIEW



SIM PCMH Dashboard

Tabs



Filters



Overview | Tile | Trends | Quality | Utilization | ACSC | Comparisons | Care Coordination | Incentives | Reports

SIM Project | Select Managing Organization | Select Practice | Select Provider

- Export -

Initiative Wide Information

Executive Summary

POs/MSOs	Practices	Providers	Patients	Total Cost PMPM
33	316	2,139	365,508	\$265.72

Patient List Month defines population included

Demographics

Patient Demographics

Attribution: September 2018

Total Patients	365,508	
Avg. Member Age	23	
Patients by Sex		
Female	194,920	53%
Male	170,588	47%
Patients by Race		
Black	87,628	24%
White	218,397	60%
Other/Unknown	59,730	16%
Patients by Payer		
Medicaid	365,508	100%
Aetna	2,797	1%
Blue Cross Complete	53,342	15%
HAP Midwest	904	0%
Harbor	117	0%
McLaren	36,321	10%
Meridian	117,486	32%
Molina	74,710	20%
Priority Health	39,998	11%
Total Health Care	5,023	1%
UnitedHealthCare	30,276	8%
Upper Peninsula	4,534	1%
Chronic Condition		
Asthma	30,906	8%
Diabetes	16,622	5%
Hypertension	38,547	11%
Obesity	82,689	23%
Overweight	26,007	7%
Moderate	15,646	4%
Severe	54,196	15%

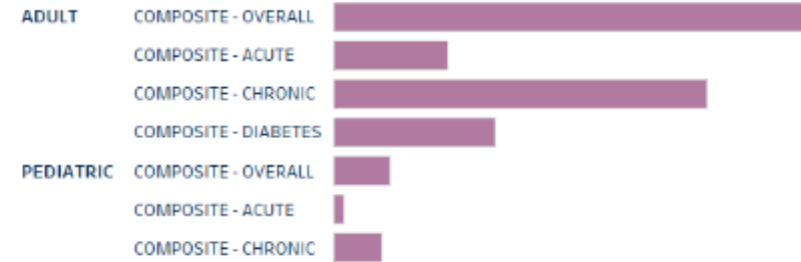
Medicaid Health Plans

Chronic Condition Prevalence

ACSC Measures

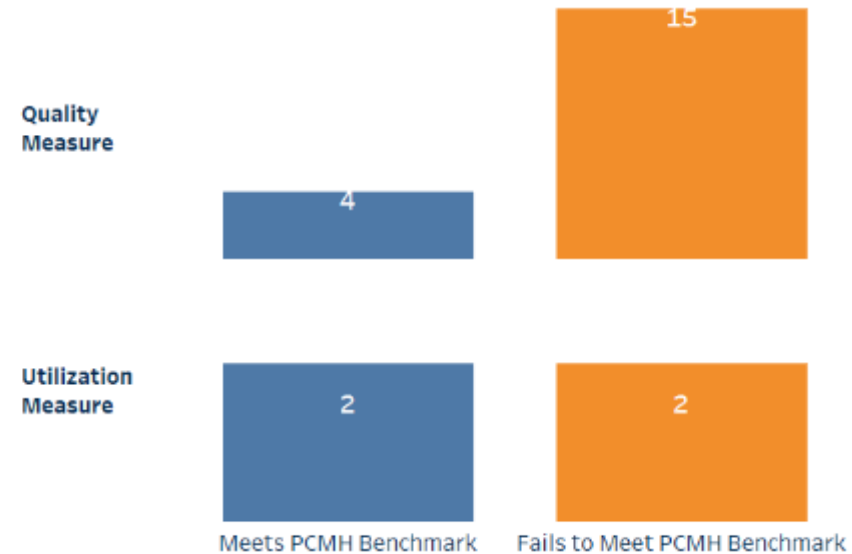
Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018



Measures Meeting Benchmark

Measurement Period: October 1, 2017 - September 30, 2018



Ambulatory Care Sensitive Condition Admissions Overview

Measures Meeting the Benchmarks

Information filtered to one Physician Organization

All results displayed are for one organization versus the whole initiative

Executive Summary

POs/MSOs	Practices	Providers	Patients	Total Cost PMPM
PO ABC	20	169	17,368	\$266.00

Patient Demographics

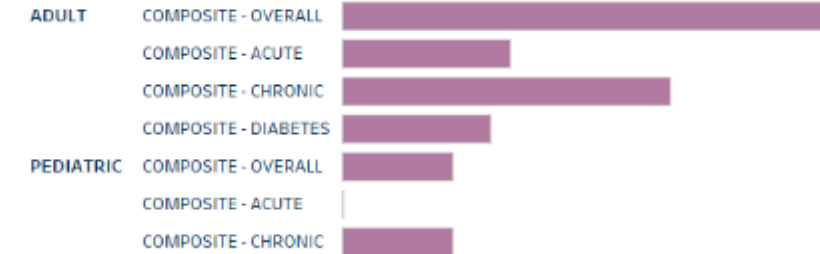
Attribution: September 2018

Total Patients	17,368	
Avg. Member Age	24	
Patients by Sex		
Female	9,583	55%
Male	7,785	45%
Patients by Race		
Black	3,210	18%
White	11,133	64%
Other/Unknown	3,050	18%
Patients by Payer		
Medicaid	17,368	100%
Aetna	0	0%
Blue Cross Complete	11,418	66%
HAP Midwest	0	0%
Harbor	0	0%
McLaren	0	0%
Meridian	1,249	7%
Molina	2,883	17%
Priority Health	0	0%
Total Health Care	0	0%
UnitedHealthCare	1,818	10%
Upper Peninsula	0	0%
Chronic Condition		
Asthma	1,502	9%
Diabetes	742	4%
Hypertension	1,769	10%
Obesity	6,212	36%
Overweight	2,529	15%
Moderate	1,474	8%
Severe	3,275	19%

ACSC Measures

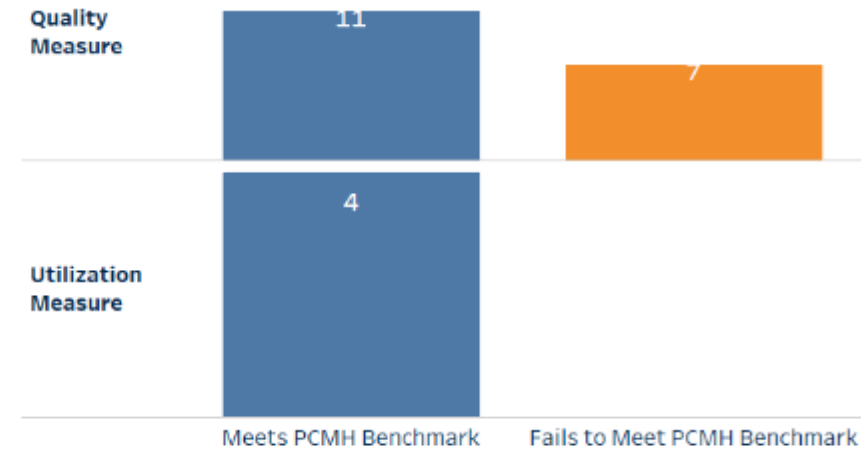
Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018



Measures Meeting Benchmark

Measurement Period: October 1, 2017 - September 30, 2018



Overview **Tile** Trends Quality Utilization ACSC Comparisons Care Coordination Incentives Reports

SIM Project Select Managing Organization Select Practice Select Provider

- Export -

Measure Results Across Reporting Periods

Select Measures to display

Measure Category

- All
- Quality
- Utilization

Select Reporting Periods to display
(Note that all measure results now available across all reporting periods)

Trends to Include

- (All)
- December 31, 2016
- March 31, 2017
- June 30, 2017
- September 30, 2017
- December 31, 2017
- March 31, 2018
- June 30, 2018
- September 30, 2018

MANAGING ORGANIZATION 123

	Report End Date							
	12/31/16	3/31/17	6/30/17	9/30/17	12/31/17	3/31/18	6/30/18	9/30/18
ADOLESCENT IMMUNIZATION	85.38	88.08	89.12	86.13	87.77	88.10	84.46	92.05
ADOLESCENT IMMUNIZATION: HPV	42.31	41.72	42.86	45.26	48.20	50.00	49.32	50.57
ADOLESCENT WELL-CARE	55.38	54.42	51.80	52.33	54.74	52.68	51.35	52.43
ADULT BMI ASSESSMENT	56.74	52.32	47.71	48.77	51.49	61.43	68.52	71.21
BREAST CANCER SCREENING	65.00	66.67	67.03	70.27	71.54	79.67	77.18	74.68
CERVICAL CANCER SCREENING	53.02	54.29	54.70	52.97	53.05	53.29	56.65	54.68
CHILDHOOD IMMUNIZATION STATUS	37.06	36.99	38.31	39.29	42.94	42.53	38.62	43.24
CHLAMYDIA SCREENING	61.11	57.96	67.16	63.45	66.83	66.67	66.52	67.18
DEPRESSION FOLLOW UP								
DEPRESSION SCREEN	0.11	0.00	0.38	0.58	0.57	1.10	2.08	3.06
DIABETES: BP CONTROL	6.52	10.81	18.71	32.12	34.32	67.43	76.26	71.57
DIABETES: EYE EXAM	72.99	72.60	66.23	71.34	72.46	71.68	63.27	57.92
DIABETES: HBA1C POOR CONTROL	87.68	81.76	79.35	69.70	66.86	69.71	75.25	71.08
DIABETES: HBA1C TESTING	83.33	85.81	87.10	87.27	88.76	89.14	86.87	85.78
DIABETES: NEPHROPATHY	93.43	93.84	90.91	88.41	88.62	89.60	86.22	89.11
HIGH BP CONTROL	8.26	8.47	13.23	23.10	25.26	56.01	65.43	65.04
LEAD SCREEN - CHILD	81.76	84.39	86.36	79.17	86.47	85.63	82.01	82.16
TOBACCO: SCREENING AND CESSATION	0.00	0.00	0.00	1.32	1.17	0.26	0.38	0.19
WEIGHT ASSESSMENT AND COUNSELING	0.26	0.70	2.56	6.62	15.07	22.19	31.69	46.83
WELL-CHILD VISIT: 3-6 YEARS	75.04	70.31	76.15	74.92	78.48	76.92	78.08	78.21
WELL-CHILD VISIT: <15 MONTHS	75.00	77.37	73.74	73.54	74.57	73.14	74.43	73.20

Quality

Color Legend consistent across pages – quickly identify areas for improvement

Color Legend

- Meets PCMH Benchmark
- Fails to Meet PCMH Benchmark
- No PCMH Benchmark
- Small Sample Size

Utilization Tile

Measure Category

- All
- Quality
- Utilization

Trends to Include

- (All)
- December 31, 2016
- March 31, 2017
- June 30, 2017
- September 30, 2017
- December 31, 2017
- March 31, 2018
- June 30, 2018
- September 30, 2018

MANAGING ORGANIZATION 123

Report End Date

12/31/.. 3/31/17 6/30/17 9/30/17 12/31/.. 3/31/18 6/30/18 9/30/18

	12/31/..	3/31/17	6/30/17	9/30/17	12/31/..	3/31/18	6/30/18	9/30/18
ACUTE HOSPITAL ADMISSIONS	37.98	33.73	38.05	33.06	29.21	28.60	29.49	28.85
ALL-CAUSE READMISSION	161.29	141.30	96.15	139.78	129.41	129.41	80.81	108.11
EMERGENCY DEPARTMENT VISITS	635.12	644.18	607.92	600.66	587.92	575.88	587.87	598.15
PREVENTABLE ED VISITS	340.29	348.20	328.76	315.07	305.34	300.68	305.29	316.88

Utilization

Color Legend

- Meets PCMH Benchmark
- Small Sample Size



SIM PCMH Dashboard

Overview Tile **Trends** Quality Utilization ACSC Comparisons Care Coordination Incentives Reports

SIM Project Select Managing Organization Select Practice Select Provider

Go

- Export -

Measure Results Trended Across Time

Select

- Measure Category
- Measure
- Trends (Reporting Periods) to include

Color Coding consistent
Includes PCMH Benchmark



Select Measure Category
Utilization Measures

Select Measure
EMERGENCY DEPARTMENT VISITS

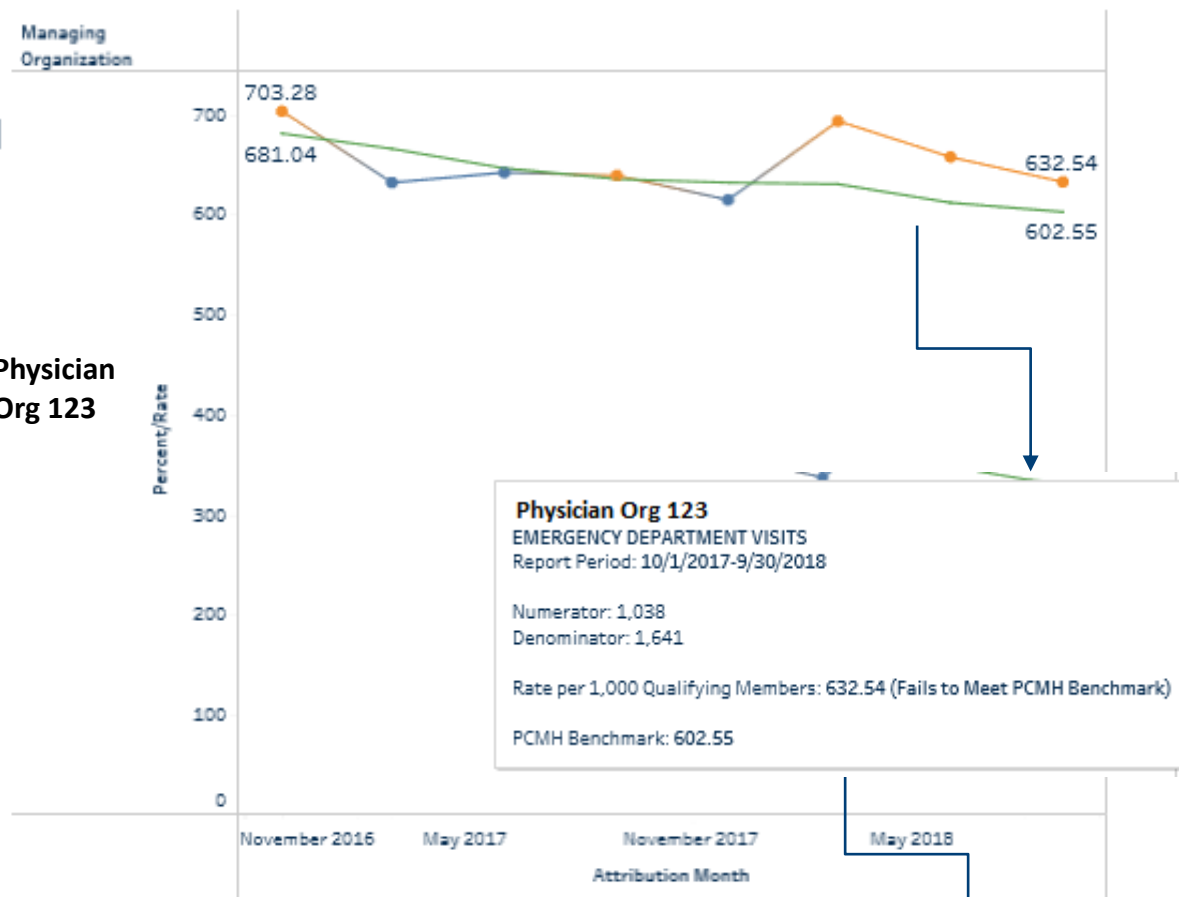
Trends to Include
(All)

Color Legend

- Meets PCMH Benchmark
- Fails to Meet PCMH Benchma...
- Small Sample Size
- No PCMH Benchmark
- PCMH Benchmark

EMERGENCY DEPARTMENT VISITS

Managing Organization Trends



Hover and Tool Tips Pop Up

BREAST CANCER SCREENING

Managing Organization Trends

Select Measure Category

Quality Measures

Select Measure

BREAST CANCER SCREENING

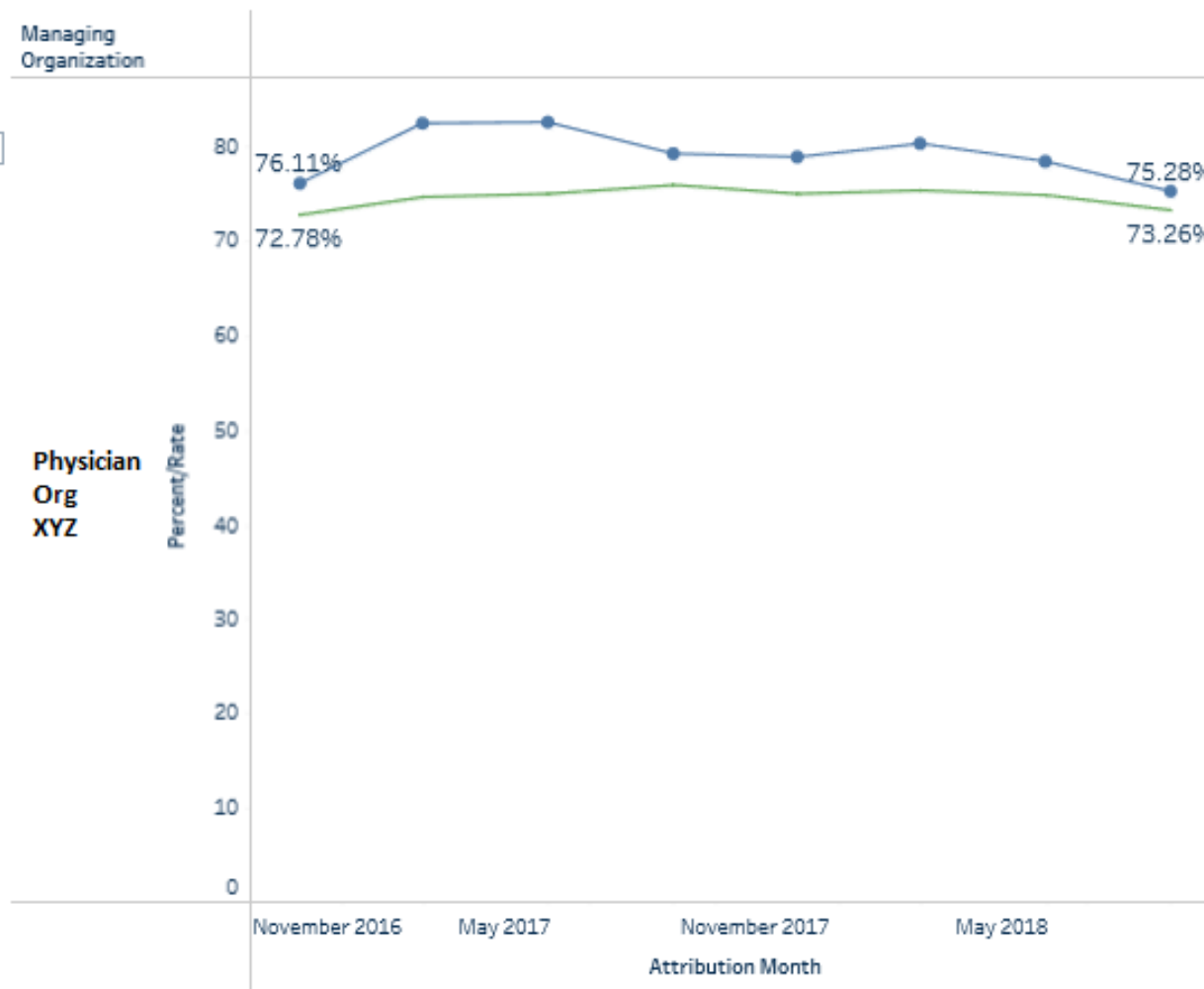
Trends to Include

(All)

Color Legend

- Meets PCMH Benchmark
- Fails to Meet PCMH Benchma...
- Small Sample Size
- No PCMH Benchmark
- PCMH Benchmark

Physician
Org
XYZ



Quality Measure Trend



Michigan Data Collaborative

SIM PCMH Dashboard

Overview Tile Trends **Quality** Utilization ACSC Comparisons Care Coordination Incentives Reports

SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Quality Measure Results

Choose Visualization or Data View

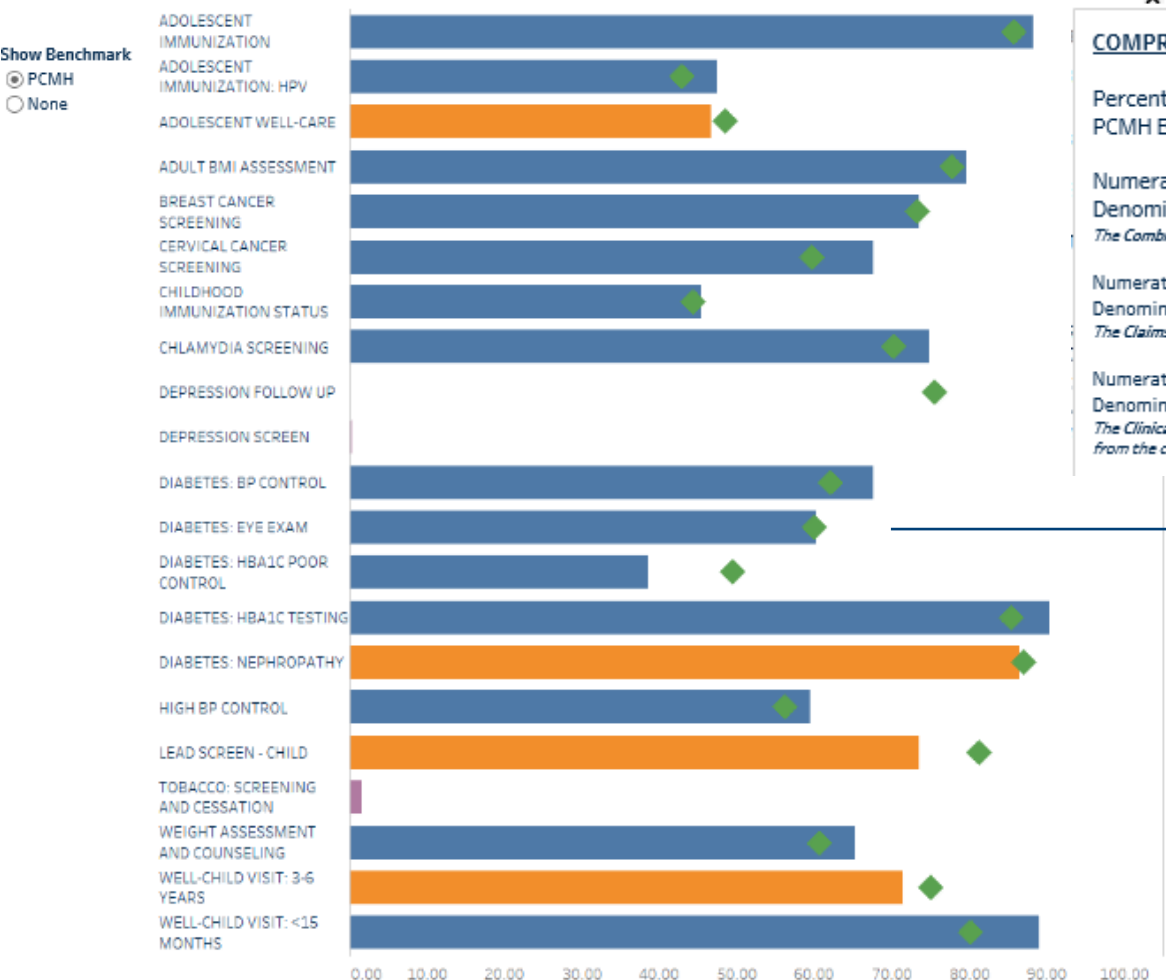
Ability to Export any page to PDF or Excel

MANAGING ORGANIZATION 123

Quality Measures

Percent of Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018



COMPREHENSIVE DIABETES CARE: BLOOD PRESSURE CONTROL (<140/90 MM HG)

Percent of Qualifying Members (Combined): 67.56%
 PCMH Benchmark: 62.05% (Meets PCMH Benchmark)

Numerator (Combined): 681
 Denominator (Combined): 1,008
The Combined numerator and denominator show the final results based on data from both claims and clinical records.

Numerator (Claims): 17
 Denominator (Claims): 1,008
The Claims numerator and denominator show the results based solely on the claims data MDC receives.

Numerator (Clinical): 664
 Denominator (Clinical): 0.00
The Clinical numerator and denominator show the number of members added or subtracted from the claims-based results based on data from the clinical records.

Hover over any measure and the tool tip gives you additional information including source of the data: claims or clinical (QMI/EMR sources)

Color Legend

- Meets PCMH Benchmark
- Fails to Meet PCMH Benchmark
- No PCMH Benchmark
- Small Sample Size

Filter to a Practice

Overview Tile Trends Quality Utilization ACSC Comparisons Care Coordination Incentives Reports

My Practices Physician Org 123 Practice 989 Select Provider

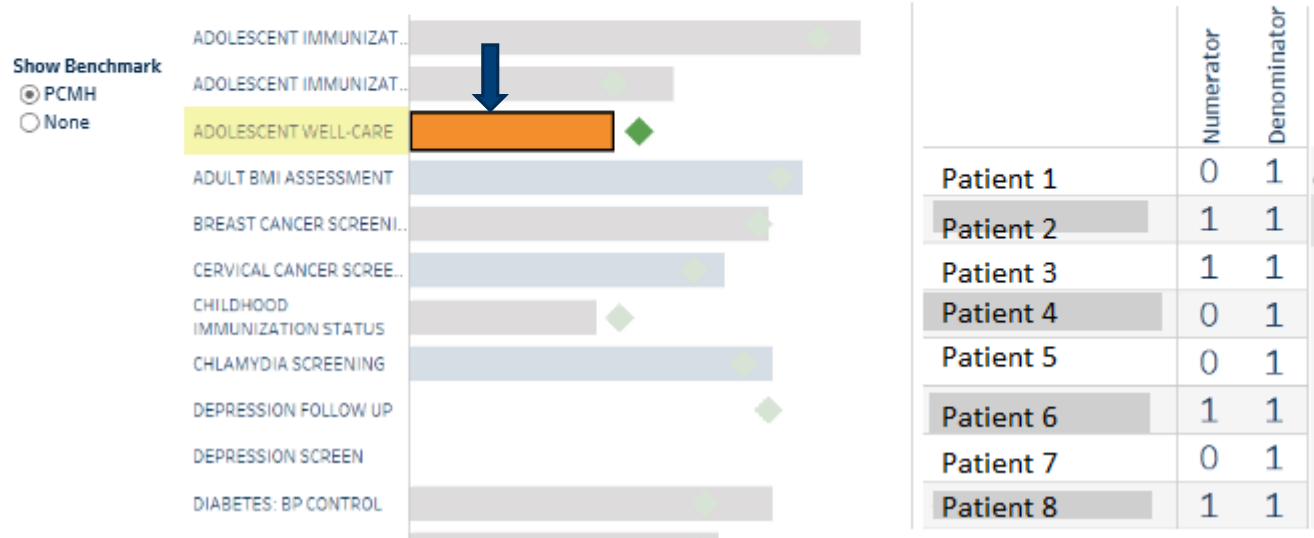
Go

Visualizations Data

- Export -

Practice 989

Quality Measures
 Percent of Qualifying Members
 Measurement Period: October 1, 2017 - September 30, 2018



Drill to the patient level by clicking on the measure bar

Patients 1, 4, 5, and 7 are in the denominator but not the numerator; may be patients that need to come in for a Well Visit

Choose Data View

Visualizations Data

- Export -

MANAGING ORGANIZATION 123

Quality Measures

Percent of Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018

	PCMH Benchmark	Percent/Rate	Numerator (Combined)	Denominator (Combined)	Numerator (Claims)	Denominator (Claims)	Numerator (Clinical)	Denominator (Clinical)
ADOLESCENT IMMUNIZATION	85.82	85.82	345	402				
ADOLESCENT IMMUNIZATION: HPV	42.92	37.56	151	402				
ADOLESCENT WELL-CARE	48.49	53.56	1,585	3,146	1,643	3,146	42	0
ADULT BMI ASSESSMENT	77.8	85.24	4,269	5,008	3,906	5,008	363	0
BREAST CANCER SCREENING	73.26	68.29	420	615	416	615	4	0
CERVICAL CANCER SCREENING	59.65	62.53	2,560	4,094	2,408	4,131	152	-37
CHILDHOOD IMMUNIZATION STATUS	44.3	49.56	225	454				
CHLAMYDIA SCREENING	70.18	65.21	491	753	485	753	6	0
DEPRESSION SCREEN		0.21	18	8,468	18	8,468	0	0
DIABETES: BP CONTROL	62.05	60.55	399	659	8	659	391	0
DIABETES: EYE EXAM	60.06	66.56	434	652	317	652	117	0
DIABETES: HBA1C POOR CONTROL	49.44	52.66	347	659	649	659	-302	0
DIABETES: HBA1C TESTING	85.48	89.53	590	659	571	659	19	0
DIABETES: NEPHROPATHY	87.06	89.57	584	652	582	652	2	0
HIGH BP CONTROL	56.18	54.46	715	1,313	12	1,313	703	0
LEAD SCREEN - CHILD	81.21	72.47	329	454	329	454	0	0
TOBACCO: SCREENING AND CESSATION		2.38	1	42	1	42	0	0
WEIGHT ASSESSMENT AND COUNSELING	60.73	63.58	3,222	5,068	3,103	5,068	119	0
WELL-CHILD VISIT: 3-6 YEARS	75.06	75.74	1,327	1,752	1,300	1,752	19	0
WELL-CHILD VISIT: <15 MONTHS	80.07	85.99	448	521	386	521	52	0

Color Legend

Meets PCMH Benchmark

Fails to Meet PCMH Benchmark

No PCMH Benchmark

All measures shown in table version

Colors of the numbers are consistent with the benchmark

You can see how clinical data impacts your measure results



Michigan Data Collaborative

SIM PCMH Dashboard

Overview Tile Trends Quality **Utilization** ACSC Comparisons Care Coordination Incentives Reports

SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Utilization Measure Results

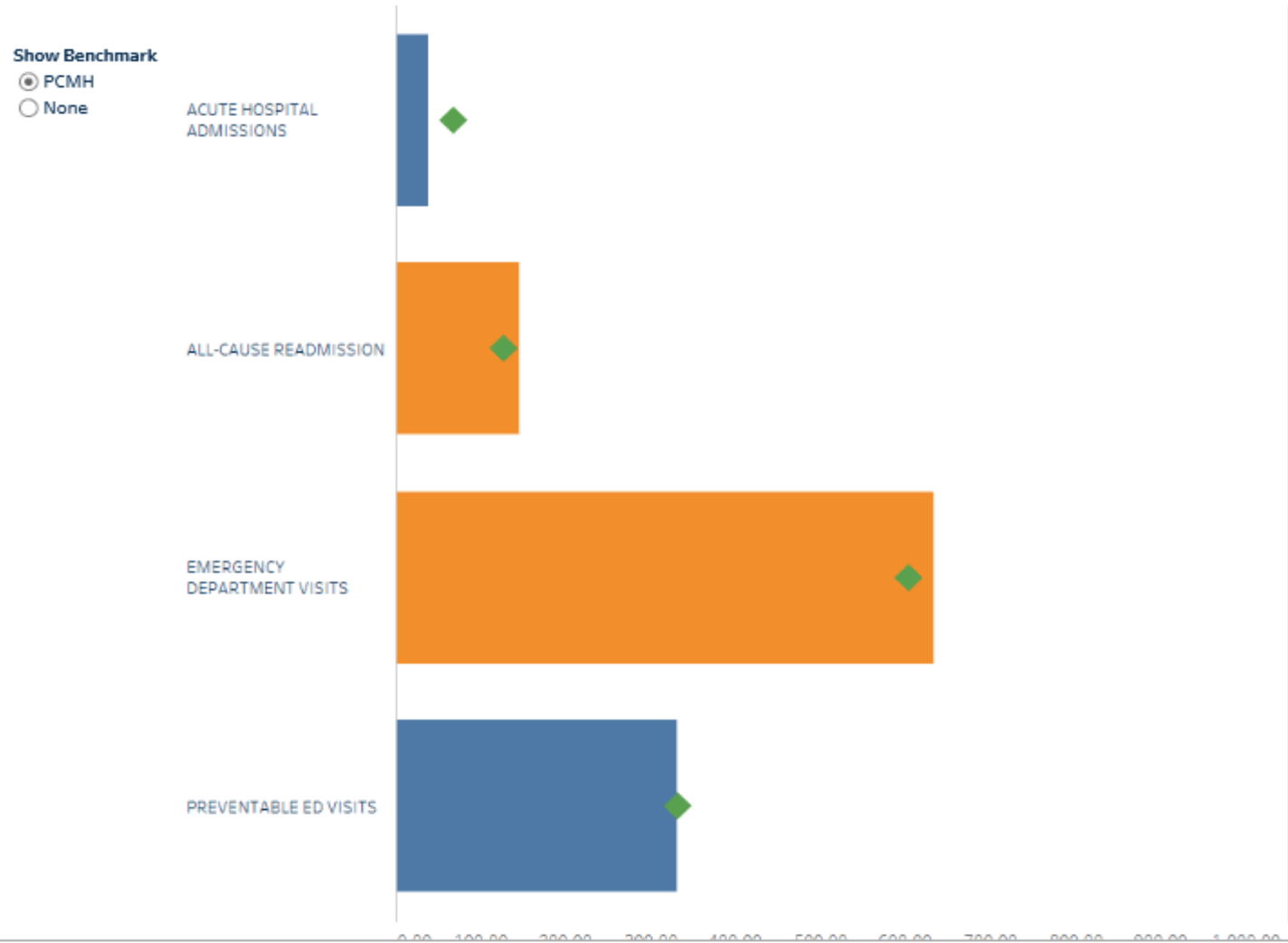
MANAGING ORGANIZATION 123

Utilization Measures

Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018

Managing Organization Visualization



PRACTICE 634

Utilization Measures

Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018

Show Benchmark

PCMH

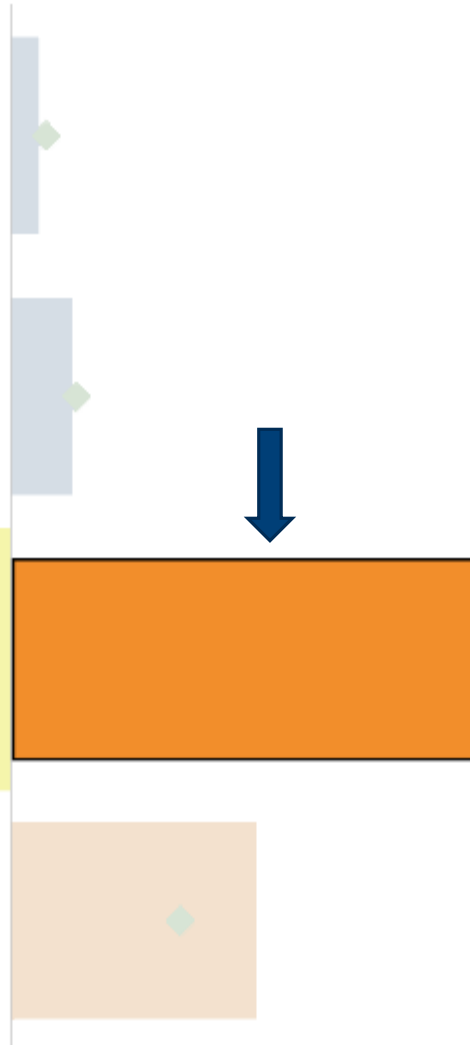
None

ACUTE HOSPITAL
ADMISSIONS

ALL-CAUSE READMISSION

EMERGENCY
DEPARTMENT VISITS

PREVENTABLE ED VISITS



	Numerator	Denominator
Patient 1	0	1
Patient 2	0	1
Patient 3	0	1
Patient 4	0	1
Patient 5	0	1
Patient 6	0	1
Patient 7	5	1
Patient 8	2	1
Patient 9	0	1
Patient 10	0	1
Patient 11	0	1
Patient 12	0	1
Patient 13	0	1
Patient 14	1	1
Patient 15	0	1
Patient 16	0	1
Patient 17	0	1
Patient 18	1	1

After filtering to a Practice, drill to the patient level by clicking on the measure bar

Patients 7 stands out with 5 ED Visits

Consider them for care management if not already receiving it

Managing Organization Data View

Utilization Measures
Rate per 1,000 Qualifying Members
Measurement Period: October 1, 2017 - September 30, 2018

	PCMH Benchmark	Percent/Rate	Numerator (Combined)	Denominator (Combined)	Numerator (Claims)	Denominator (Claims)	Numerator (Clinical)	Denominator (Clinical)
ACUTE HOSPITAL ADMISSIONS	68.58	38.94	833	21,394				
ALL-CAUSE READMISSION	126.92	146.07	78	534				
EMERGENCY DEPARTMENT VISITS	602.55	632.51	13,532	21,394				
PREVENTABLE ED VISITS	331.52	330.23	7,065	21,394				

Color Legend

- Meets PCMH Benchmark
- Fails to Meet PCMH Benchmark



Michigan Data Collaborative

SIM PCMH Dashboard

Overview Tile Trends Quality Utilization **ACSC** Comparisons Care Coordination Incentives Reports

SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Executive Overview Visualizations ACSC Data View Results

Executive Summary

POs/MSOs	Practices	Providers	Patients	Total Cost PMPM
	21	70	28,873	\$225.04

Managing Org XYZ

Patient Demographics

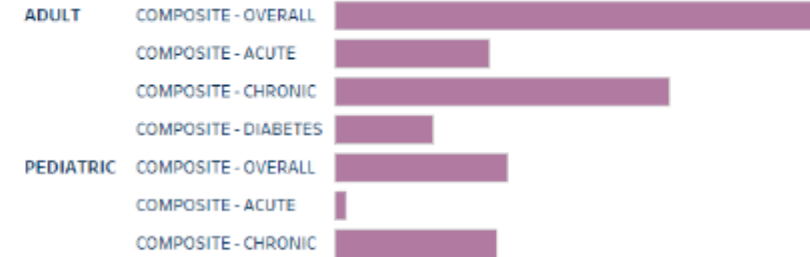
Attribution: September 2018

Total Patients	28,873	
Avg. Member Age	20	
Patients by Sex		
Female	15,207	53%
Male	13,666	47%
Patients by Race		
Black	12,775	44%
White	13,338	46%
Other/Unknown	2,774	10%
Patients by Payer		
Medicaid	28,873	100%
Aetna	0	0%
Blue Cross Complete	3,712	13%
HAP Midwest	275	1%
Harbor	0	0%
McLaren	6,926	24%
Meridian	7,256	25%
Molina	9,402	33%
Priority Health	5	0%
Total Health Care	33	0%
UnitedHealthCare	1,264	4%
Upper Peninsula	0	0%
Chronic Condition		
Asthma	2,832	10%
Diabetes	1,109	4%
Hypertension	2,981	10%
Obesity	7,036	24%
Overweight	2,292	8%
Moderate	1,320	5%
Severe	4,594	16%

ACSC Measures

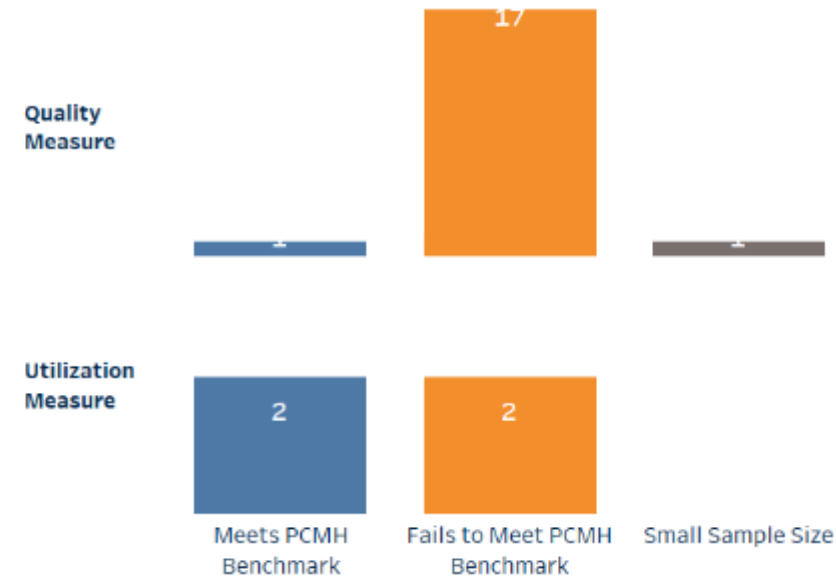
Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018



Measures Meeting Benchmark

Measurement Period: October 1, 2017 - September 30, 2018

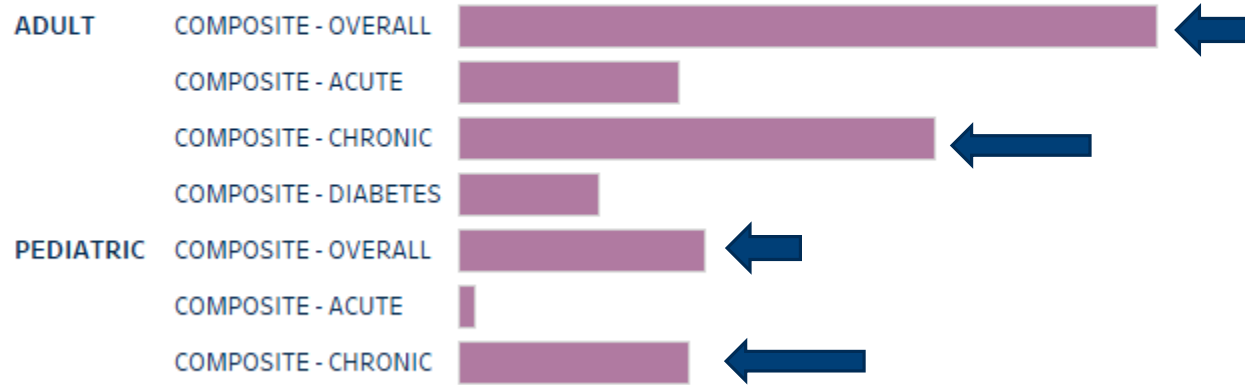


Managing Organization
Overview of ACSC
Results

ACSC Measures

Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018



Illustrates what is driving ACSC (Ambulatory Care Sensitive Condition) admissions

In this Organization, Adult and Pediatric Chronic Composites are driving overall ACSC admissions

PREVENTION QUALITY ADULT OVERALL

The percentage of patients age 18 years and older with unique hospital admissions in the following adult PQIs: Diabetes Short-Term Complications, Diabetes Long-Term Complications, COPD or Asthma in Older Adults, Hypertension, Heart Failure, Dehydration, Community Acquired Pneumonia, Urinary Tract Infection, Uncontrolled Diabetes, Asthma in younger Adults, and Lower-Extremity Amputation among Patients with Diabetes

Rate per 1,000 Qualifying Members: **21.31**

Numerator: **262**
Denominator: **12,295**

If a patient qualifies for multiple PQIs, only one of them is counted toward the numerator

Hover over any bar and a tool tip pops up

Includes

- PQIs that make up this composite
- Numerator, Denominator and Rate
- Information on qualification in multiple PQIs

	Rate per 1,000	Numerator	Denominator
ADULT			
COMPOSITE - OVERALL	21.31	262	12,295
COMPOSITE - ACUTE	6.75	83	12,295
COMMUNITY ACQUIRED PNEUMONIA	1.63	20	12,295
DEHYDRATION	3.90	48	12,295
URINARY TRACT INFECTION	1.22	15	12,295
COMPOSITE - CHRONIC	14.56	179	12,295
ASTHMA IN YOUNGER ADULTS	1.17	9	7,716
COPD OR ASTHMA IN OLDER ADULTS	7.64	35	4,579
HEART FAILURE	5.45	67	12,295
HYPERTENSION	1.22	15	12,295
COMPOSITE - DIABETES	4.31	53	12,295
DIABETES - UNCONTROLLED	0.65	8	12,295
DIABETES - SHORT TERM COMPLICATIONS	2.20	27	12,295
DIABETES - LONG TERM COMPLICATIONS	1.38	17	12,295
DIABETES - LOWER-EXTREMITY AMPUTATION	0.08	1	12,295
PEDIATRIC			
COMPOSITE - OVERALL	7.55	78	10,334
COMPOSITE - ACUTE	0.48	5	10,334
GASTROENTERITIS	0.67	11	16,472
URINARY TRACT INFECTION	0.24	4	16,472
COMPOSITE - CHRONIC	7.06	73	10,334
ASTHMA	7.37	107	14,512
DIABETES - SHORT TERM COMPLICATIONS	0.97	10	10,334

Select ACSC tab

**Managing Organization's
ACSC results display**

Practice 998

ACSC Measures

Measurement Period: October 1, 2017 - September 30, 2018

	Rate per 1,000	Numerator	Denominator	
				Patient 1
				Patient 2
				Patient 3
				Patient 4
				Patient 5
				Patient 6
				Patient 7
				Patient 8
				Patient 9
				Patient 10
				Patient 11
				Patient 12
				Patient 13
				Patient 14
				Patient 15
				Patient 16
				Patient 17
				Patient 18
				Patient 19
				Patient 20
				Patient 21
				Patient 22



After filtering to a Practice, drill to the patient level by clicking on the Numerator

Patient 1 stands out as having 5 admissions for Asthma that may be avoidable; consider them for care management if not already receiving it

Patients 2, 3 and 4 also have potentially avoidable admissions

ADULT

	Rate per 1,000	Numerator	Denominator	
COMPOSITE - OVERALL	21.31	262	####	
COMPOSITE - ACUTE	6.75	83	####	
COMMUNITY ACQUIRED PNEUMONIA	1.63	20	####	
DEHYDRATION	3.90	48	####	
URINARY TRACT INFECTION	1.22	15	####	
COMPOSITE - CHRONIC	14.56	179	####	
ASTHMA IN YOUNGER ADULTS	1.17	9	7,716	
COPD OR ASTHMA IN OLDER ADULTS	7.64	35	4,579	
HEART FAILURE	5.45	67	####	
HYPERTENSION	1.22	15	####	
COMPOSITE - DIABETES	4.31	53	####	
DIABETES - UNCONTROLLED	0.65	8	####	
DIABETES - SHORT TERM COMPLICATIONS	2.20	27	####	
DIABETES - LONG TERM COMPLICATIONS	1.38	17	####	
DIABETES - LOWER-EXTREMITY AMPUTATION	0.08	1	####	



Michigan Data
Collaborative

SIM PCMH Dashboard

Overview Tile Trends Quality Utilization ACSC **Comparisons** Care Coordination Incentives Reports

SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



- Compare your Physician Organization to Others**
- Compare the Practices in your Physician Organization**
- Compare Providers in a Practice**

Physician Organization Comparisons

EMERGENCY DEPARTMENT VISITS

Rate per 1,000 Qualifying Members

Measurement Period: October 1, 2017 - September 30, 2018

Select Measure Category

Select Measure

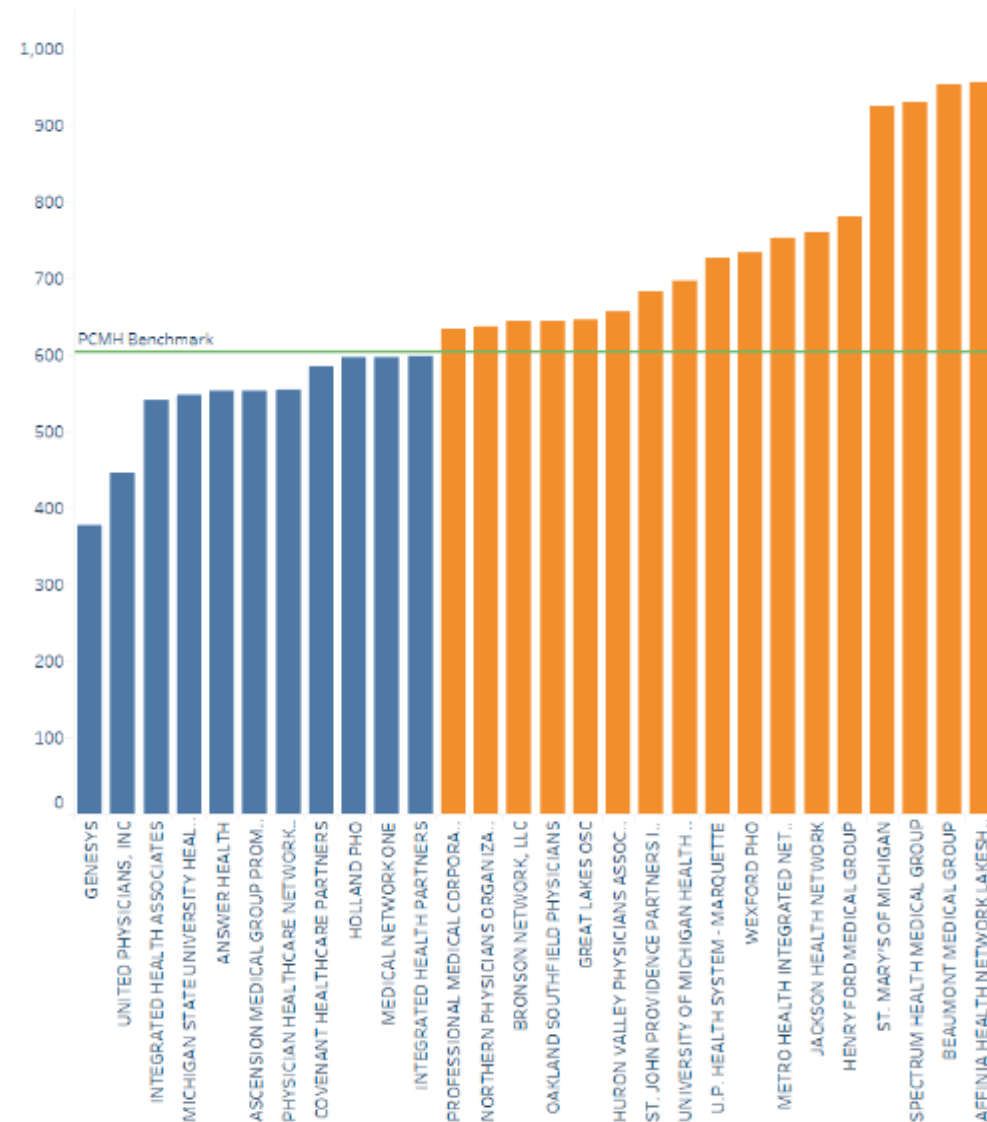
Identify best performing Physician Organizations

- Select Measure Category
- All Measures
 - Quality Measures
 - Utilization Measures

- Select Measure
- ACUTE ALL-CAUSE READMISSIONS
 - ACUTE HOSPITAL ADMISSIONS
 - EMERGENCY DEPARTMENT VISITS
 - PREVENTABLE ED VISITS

- Select Benchmark
- PCMH
 - None

- Color Legend
- Meets PCMH Benchmark
 - Fails to Meet PCMH Benchmark



Select Practices for Report Level

Practices Physician Org 123 Select Practice Go

Visualizations Data - Export -

Practice Comparisons DIABETES: HBA1C TESTING

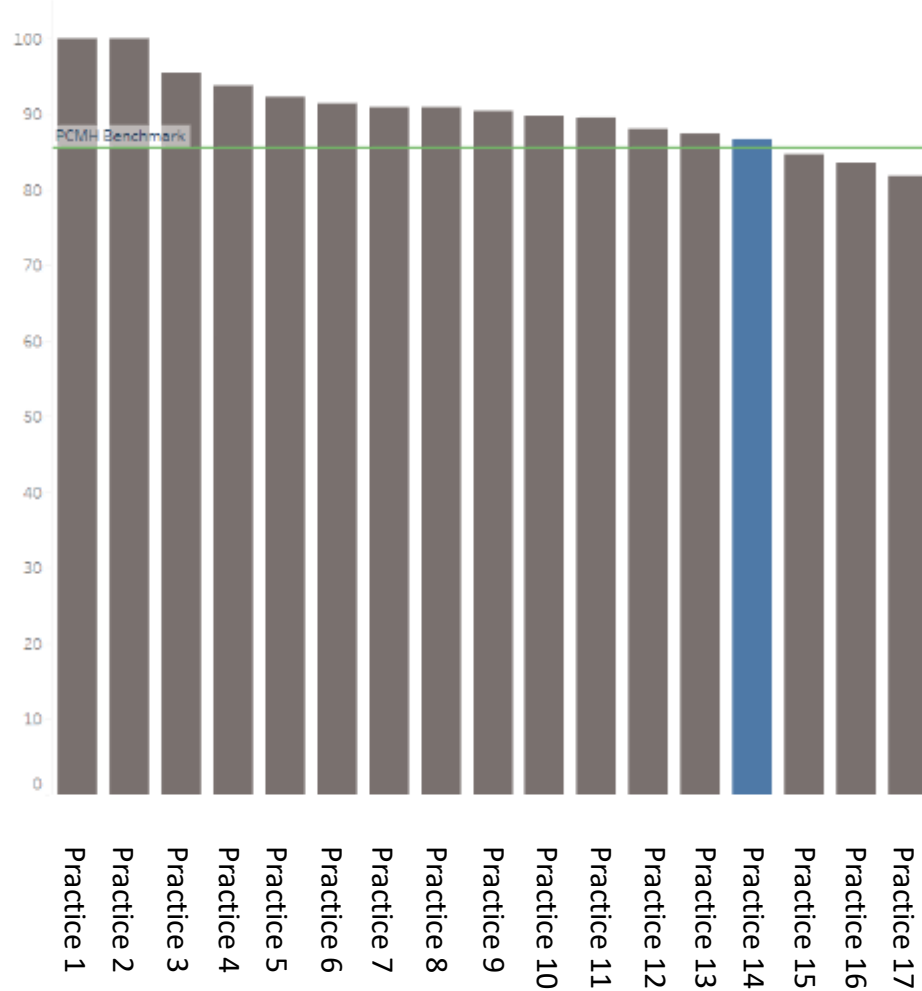
Percent of Qualifying Members
Measurement Period: October 1, 2017 - September 30, 2018

Select Measure Category
 All Measures
 Quality Measures
 Utilization Measures

- Select Measure
- ACUTE HOSPITAL ADMISSI...
 - ADOLESCENT IMMUNIZATI...
 - ADOLESCENT IMMUNIZATI...
 - ADOLESCENT WELL-CARE
 - ADULT BMI ASSESSMENT
 - ALL-CAUSE READMISSION
 - BREAST CANCER SCREENING
 - CERVICAL CANCER SCREEN...
 - CHILDHOOD IMMUNIZATIO...
 - CHLAMYDIA SCREENING
 - DEPRESSION FOLLOW UP
 - DEPRESSION SCREEN
 - DIABETES: BP CONTROL
 - DIABETES: EYE EXAM
 - DIABETES: HBA1C POOR C...
 - DIABETES: HBA1C TESTING
 - DIABETES: NEPHROPATHY
 - EMERGENCY DEPARTMENT...
 - HIGH BP CONTROL
 - LEAD SCREEN - CHILD
 - PREVENTABLE ED VISITS
 - TOBACCO: SCREENING AN...
 - WEIGHT ASSESSMENT AND...
 - WELL-CHILD VISIT: 3-6 YEA...
 - WELL-CHILD VISIT: <15 MO...

Select Benchmark
 PCMH
 None

Color Legend
■ Meets PCMH Benchmark
■ Small Sample Size



Select Measure Category

Select Measure

Practices 15 through 17 are not meeting the benchmark but close to it

Select Providers for Report Level

Providers
Visualizations Data

Select Measure Category

- Select Measure Category
- All Measures
 - Quality Measures
 - Utilization Measures

Select Measure

- Select Measure
- ACUTE HOSPITAL ADMISSI...
 - ADOLESCENT IMMUNIZATI...
 - ADOLESCENT IMMUNIZATI...
 - ADOLESCENT WELL-CARE
 - ADULT BMI ASSESSMENT
 - ALL-CAUSE READMISSION
 - BREAST CANCER SCREENING
 - CERVICAL CANCER SCREEN...
 - CHILDHOOD IMMUNIZATIO...
 - CHLAMYDIA SCREENING
 - DEPRESSION FOLLOW UP
 - DEPRESSION SCREEN
 - DIABETES: BP CONTROL
 - DIABETES: EYE EXAM
 - DIABETES: HBA1C POOR C...
 - DIABETES: HBA1C TESTING
 - DIABETES: NEPHROPATHY
 - EMERGENCY DEPARTMENT...
 - HIGH BP CONTROL
 - LEAD SCREEN - CHILD
 - PREVENTABLE ED VISITS
 - TOBACCO: SCREENING AN...
 - WEIGHT ASSESSMENT AND...
 - WELL-CHILD VISIT: 3-6 YEA...
 - WELL-CHILD VISIT: <15 MO...

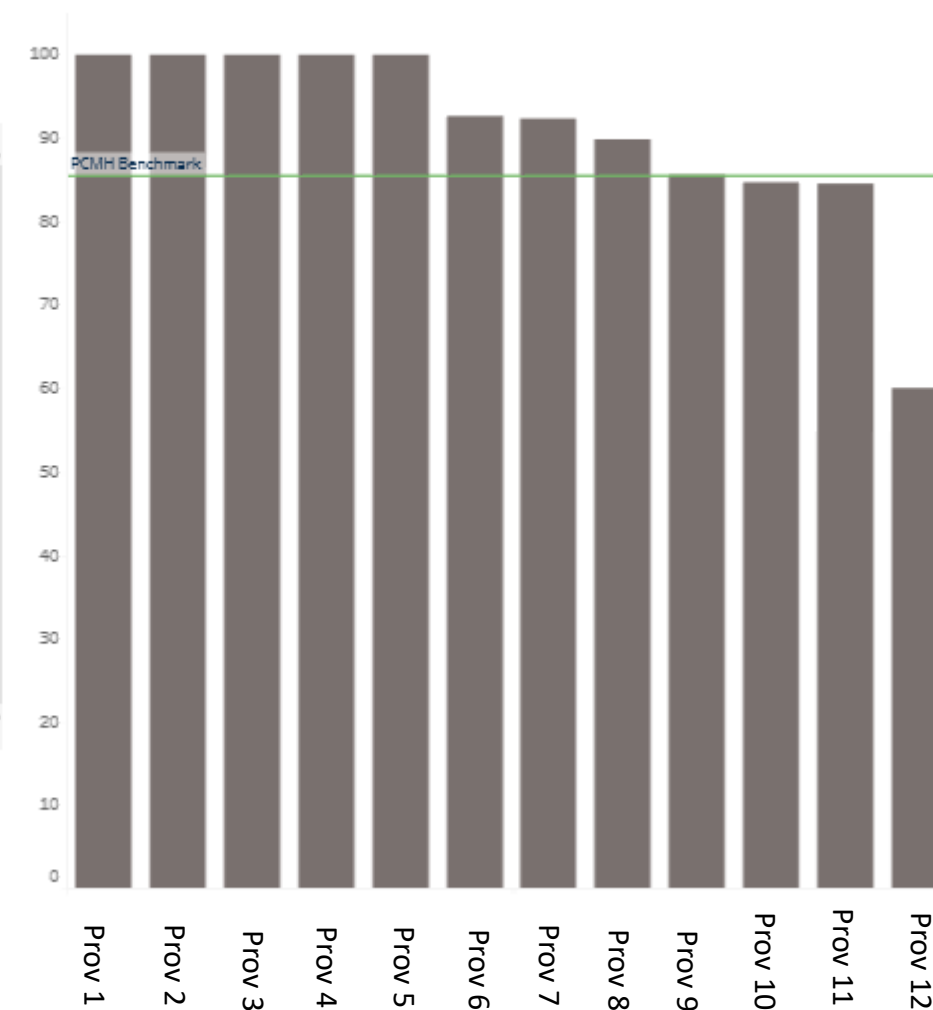
- Select Benchmark
- PCMH
 - None

Color Legend

- Small Sample Size

Provider Comparisons DIABETES: HBA1C TESTING

Percent of Qualifying Members
Measurement Period: October 1, 2017 - September 30, 2018



Providers 10 and 11 are very close to the benchmarks while Provider 12 is the furthest away



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SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Trends

Quarterly Reports

Rolling Quarter Care Management Reports

Reporting Cycle 1	Report Delivery	Reporting Cycle 2	Report Delivery	Reporting Cycle 4	Report Delivery
CY 4Q18 (Oct – Dec 18)	Early April	CY1Q19 (Jan – Mar 19)	Early July	CY2Q19 (Apr – Jun 19)	Early October
Nov 18 – Jan 19	Late April	Feb – April 19	Late July	May – Jul 19	Late October
Dec 18 – Feb 19	Late May	Mar – May 19	Late August	Jun – Aug 19	Early December

- Each report contains 3 months worth of data and is available on a monthly frequency
- Three quarters (in bold green) are used for Care Management Improvement Reserve (CMIR)
- Better assess how your organization is performing ahead of the calendar quarter reports that are used for CMIR
- Reminder that the rate is recalculated by SIM PCMH (sum the numerator and average the denominator for the quarters in green)

Defaults to Trends

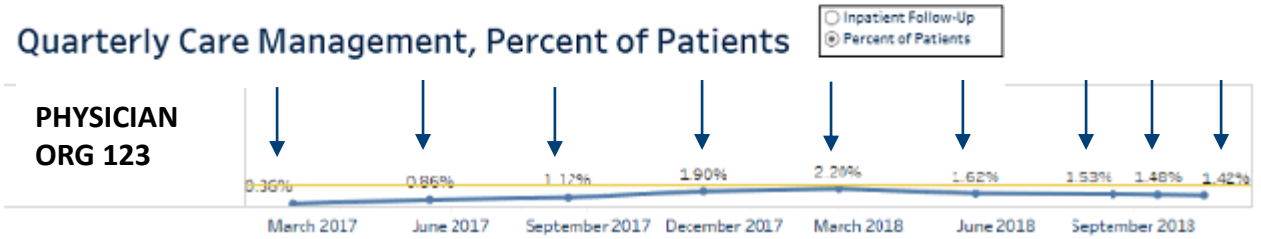


Practices Physician Org 123 Go

Quarterly Trends - Export -

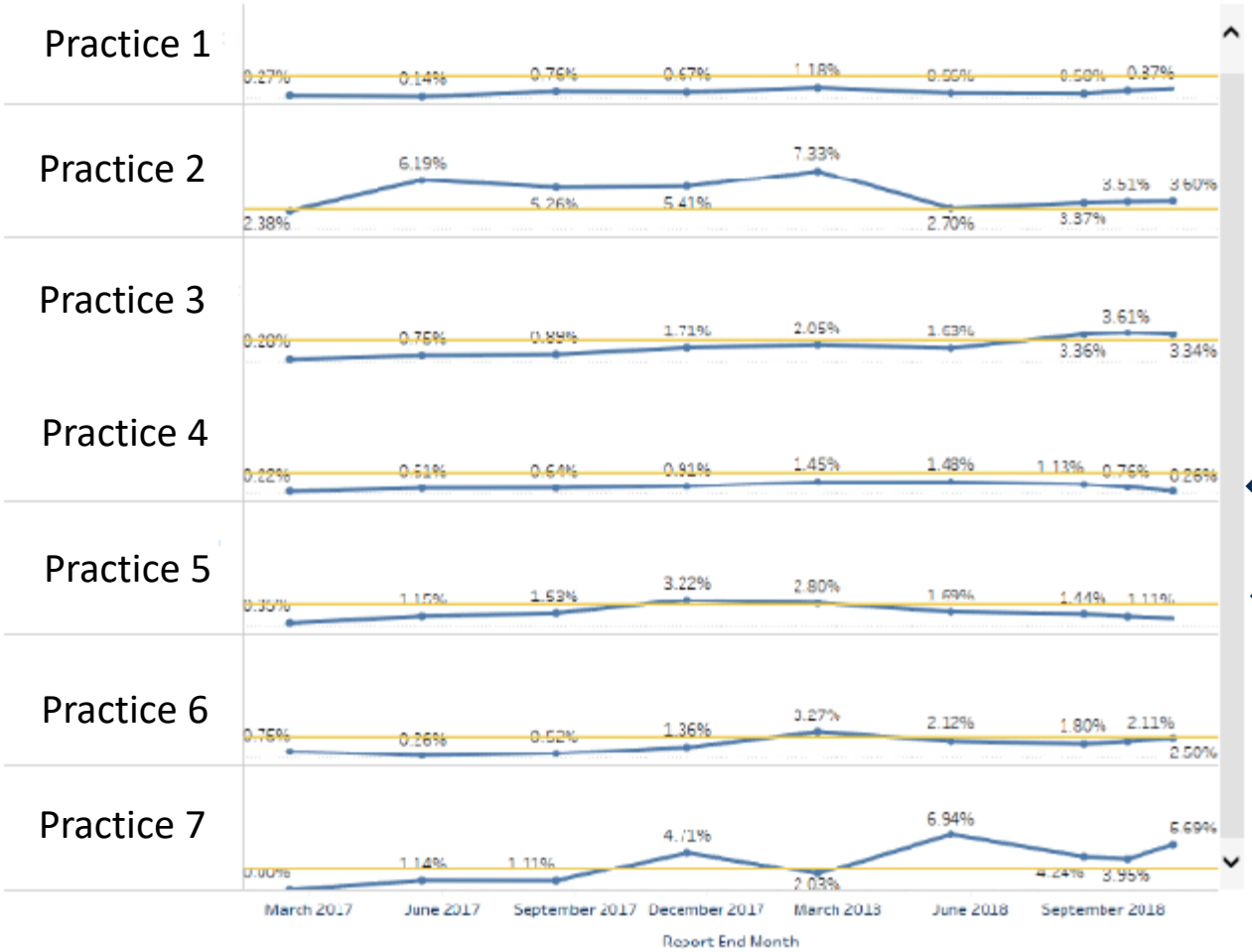
Defaults to Percent of Patients Report

Overall Physician Organization Results



Initially shows the calendar quarter report results

Separate Practice Results



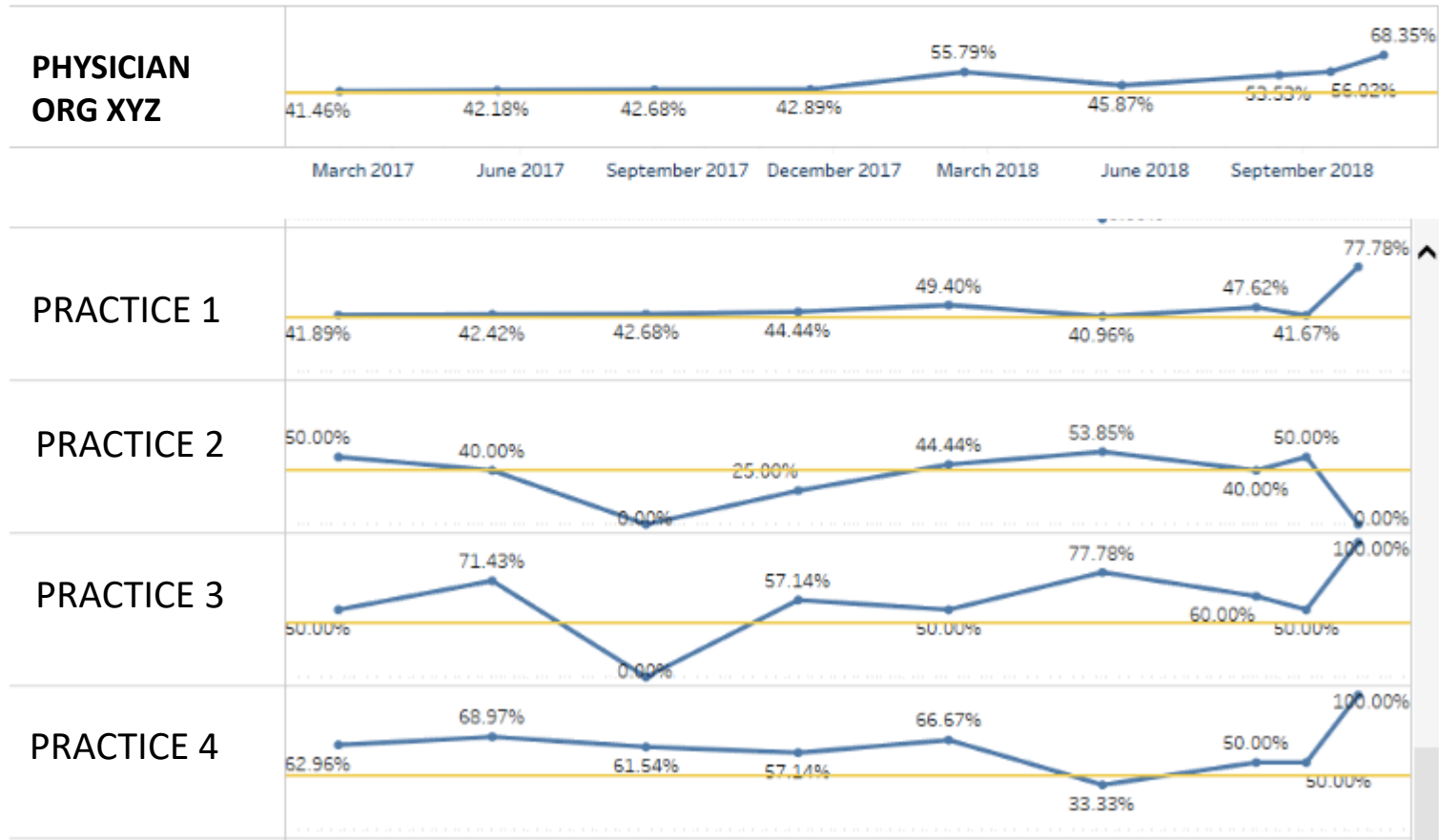
More recently there are monthly rolling quarter reports

Identify Practices that are trending down or consistently low



Quarterly Care Management, Inpatient Follow-Up

Inpatient Follow-Up
 Percent of Patients



Also Available for Inpatient Follow-Up Report for the same type of analysis

Identify if there are Practices trending down

Quarterly View shows the most recent 3 months reporting period

Practices Go

Quarterly Trends

- Export -

Quarterly Care Management, Percent of Patients

Inpatient Follow-Up
 Percent of Patients



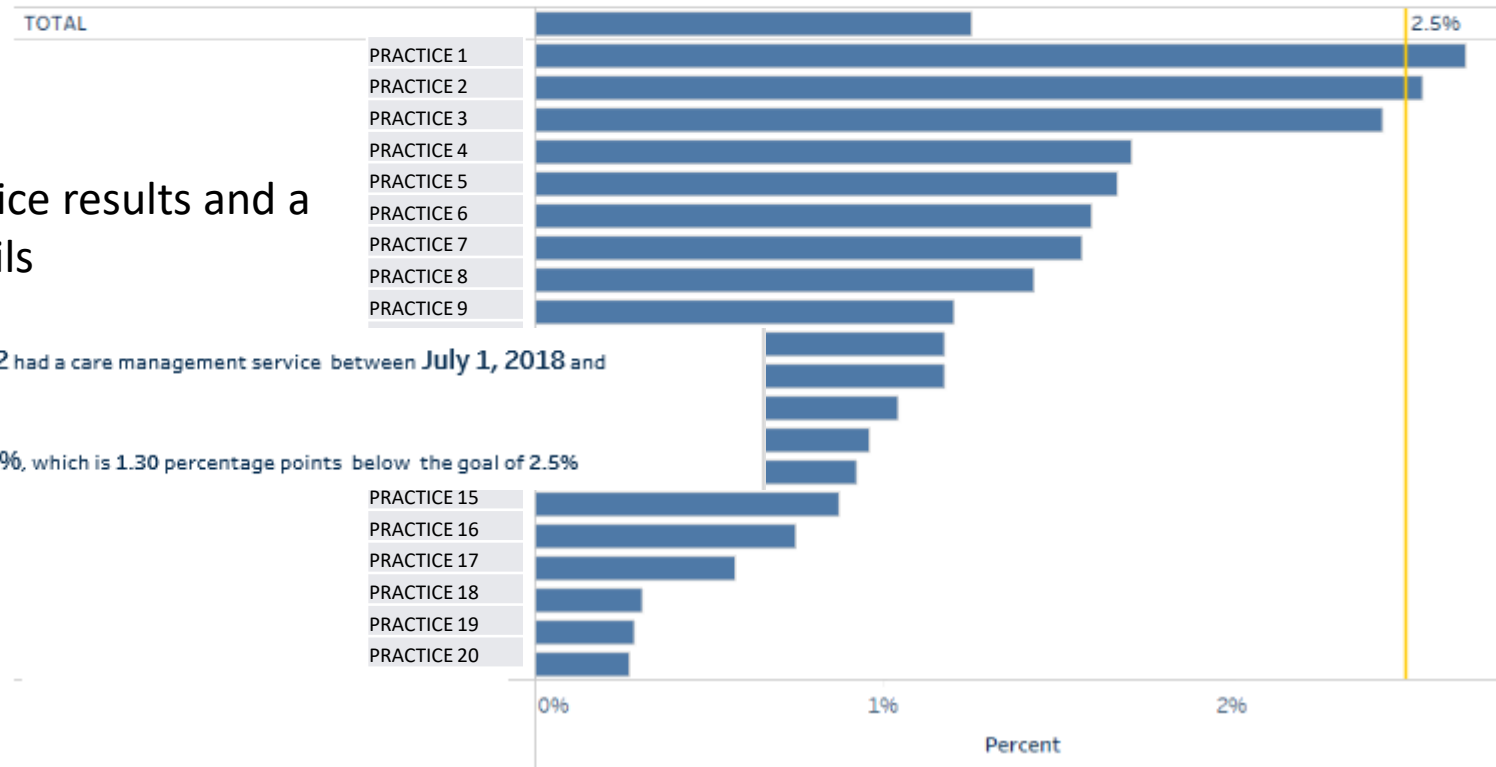
PHYSICIAN ORG 123

Report Period: July 1, 2018 - September 30, 2018

Hover over any Practice results and a tool tip displays details

Of PRACTICE 9's 997 patients, 12 had a care management service between July 1, 2018 and September 30, 2018.

This results in a final percentage of 1.20%, which is 1.30 percentage points below the goal of 2.5%



Quickly identify where to focus attention

Practice 1 through 3 may be able to give input to the rest of the practices

Practices

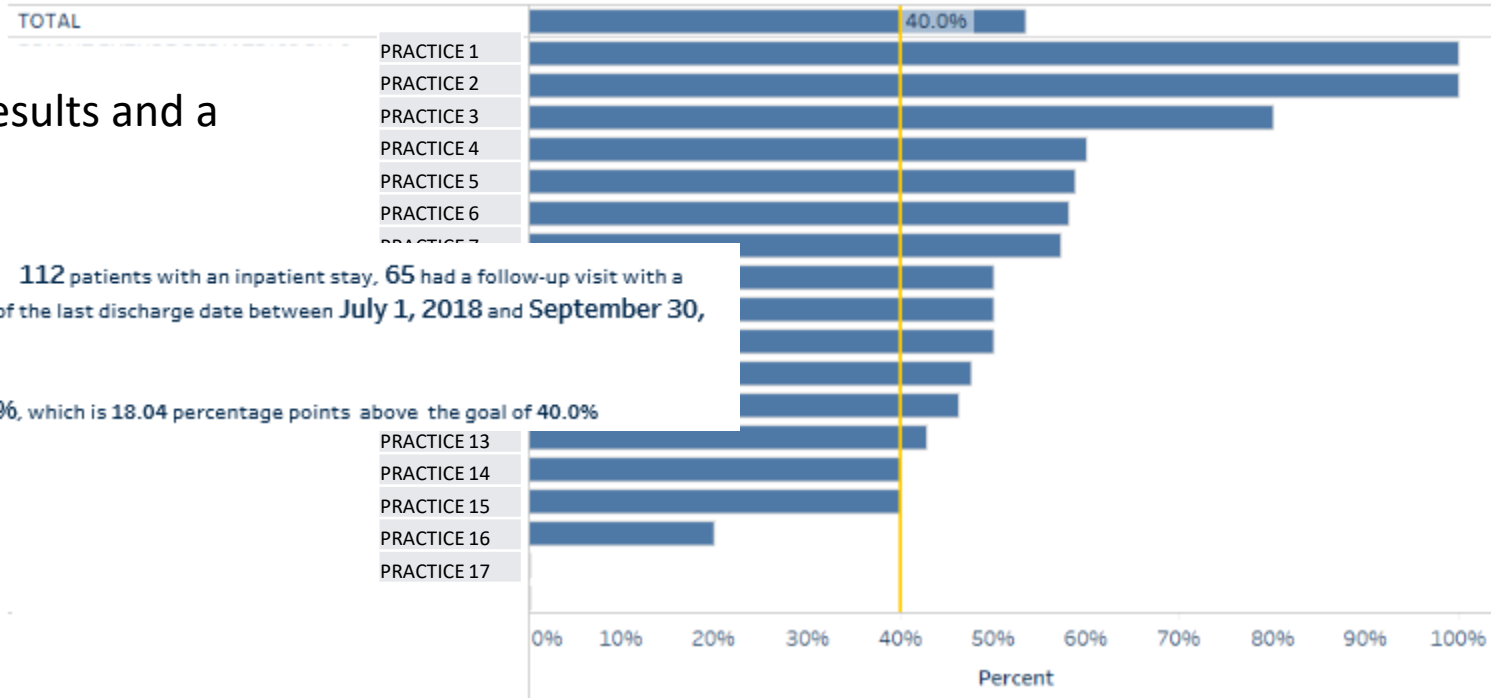
Quarterly Trends - Export -

Quarterly Care Management, Inpatient Follow-Up

PHYSICIAN ORG 123
Report Period: July 1, 2018 - September 30, 2018

- Inpatient Follow-Up
- Percent of Patients

Also Available for Inpatient Follow-Up Report for the same type of analysis



Hover over any Practice results and a tool tip displays details

Of **PRACTICE 5's** **112** patients with an inpatient stay, **65** had a follow-up visit with a SIM primary care physician within 14 days of the last discharge date between **July 1, 2018** and **September 30, 2018**.

This results in a final percentage of **58.04%**, which is **18.04** percentage points above the goal of **40.0%**

Quickly assess Practice performance across the organization



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SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Performance Incentive Program (PIP): *Benchmark and Measurement Schedule*

Reporting Period (Dates of Service)	Dashboard Release and Timing
Jul. '17 – June '18	Release 6: End of October 2018
Oct. '17 – Sept. '18	Release 7: End of February 2019
Jan. '18 – Dec. '18	Release 8: End of April 2019
Apr. '18 – Mar. '19	Release 9: End of July 2019
Jul. '18 – June '19	Release 10: End of October 2019

**Performance
Incentive Program
Benchmarking Period**

**Performance
Incentive Program
Measurement Period**

Measures included for PIP
Defaults to the first one in the list

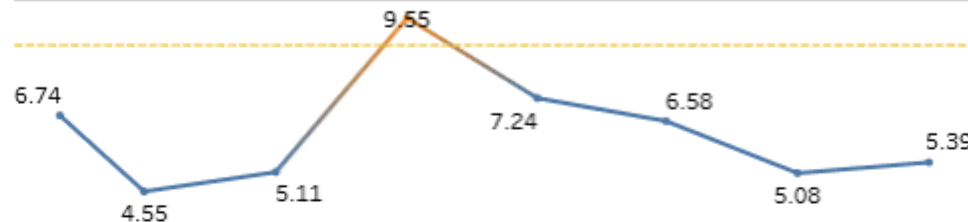
- Select Measure
- ACSC COMPOSITE - CHRONIC
 - ACUTE HOSPITAL ADMISSIONS
 - ADOLESCENT WELL-CARE
 - CERVICAL CANCER SCREENING
 - CHILDHOOD IMMUNIZATION STATUS
 - DIABETES: HBA1C TESTING
 - DIABETES: NEPHROPATHY
 - EMERGENCY DEPARTMENT VISITS
 - LEAD SCREEN - CHILD

ACSC COMPOSITE - CHRONIC

Score Over Time
PHYSICIAN ORG 123
20 Practices are Selected
155 Providers are Selected

Incentive Benchmark
8.77

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



Incentive benchmark displayed in yellow and in visualizations

Hover over Time Point and tool tip pops up with details:

- Reporting Period
- Rate
- Numerator and Denominator

Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

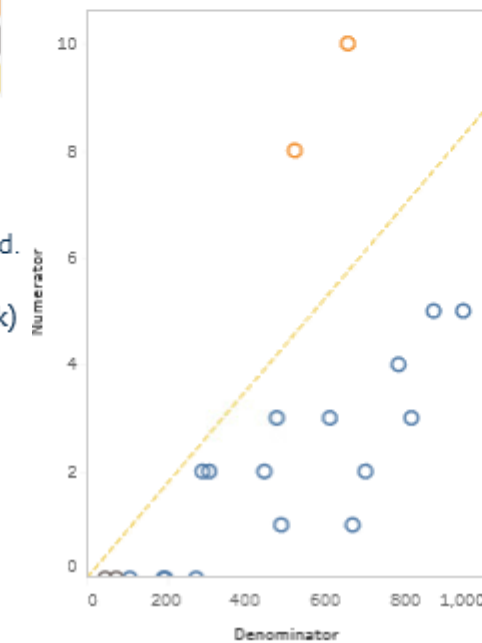
Results for the October 1, 2017 - September 30, 2018 reporting period.

Rate per 1,000 Qualifying Members: 5.39 (Meets Incentive Benchmark)

Numerator: 51
Denominator: 9,470

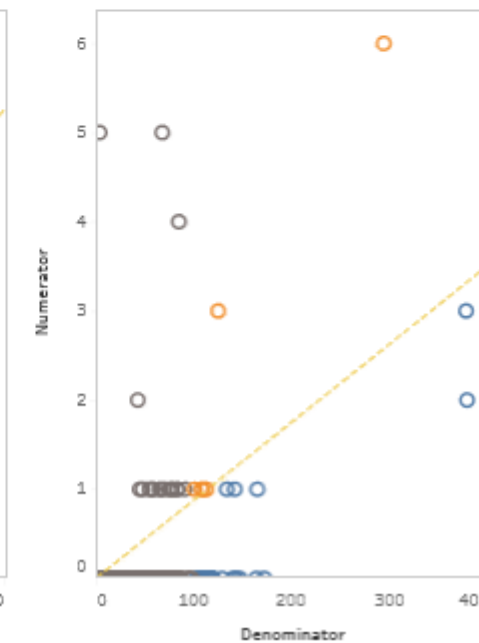
Practice Dot Plot

October 2017 - September 2018
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

October 2017 - September 2018
(Select Provider to Filter Score Over Time and Practice Dot Plot)



Time point selected drives the information included in Practice and Dot Plots (Defaults to current)

Reporting Period shown in Dot Plots

Select Measure

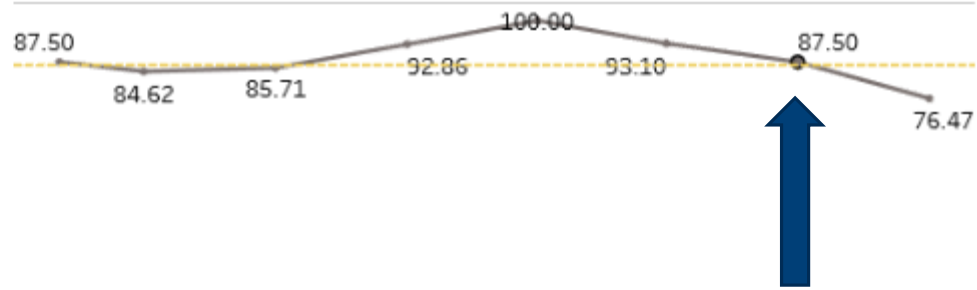
- ACSC COMPOSITE - CHRONIC
- ACUTE HOSPITAL ADMISSIONS
- ADOLESCENT WELL-CARE
- CERVICAL CANCER SCREENING
- CHILDHOOD IMMUNIZATION STATUS
- DIABETES: HBA1C TESTING
- DIABETES: NEPHROPATHY
- EMERGENCY DEPARTMENT VISITS
- LEAD SCREEN - CHILD

DIABETES: NEPHROPATHY

Score Over Time
PHYSICIAN ORG 888
 4 Practices are Selected
 34 Providers are Selected

Incentive Benchmark
86.67

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



The small sample size represented in gray is **included** for incentive purposes

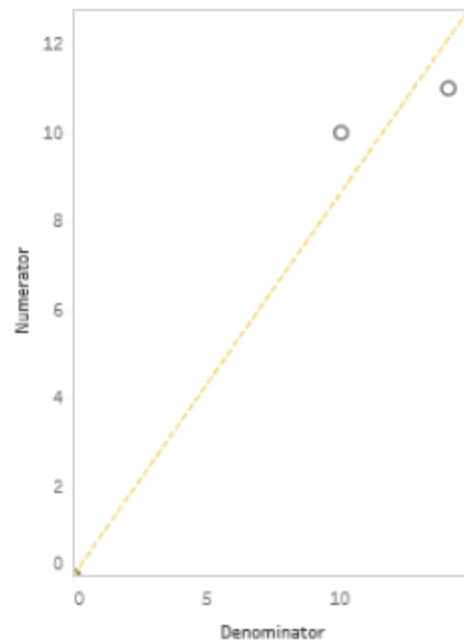
Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

Practice Dot Plot

July 2017 - June 2018

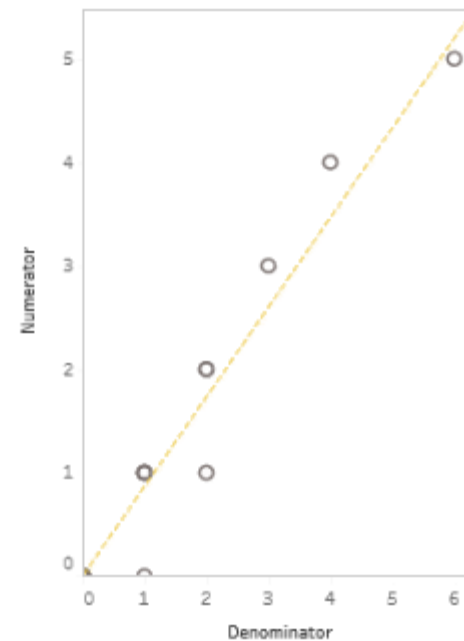
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

July 2017 - June 2018

(Select Provider to Filter Score Over Time and Practice Dot Plot)



Select Time Point to change reporting periods displayed in Dot Plots

Select Measure

- ACSC COMPOSITE - CHRONIC
- ACUTE HOSPITAL ADMISSIONS
- ADOLESCENT WELL-CARE
- CERVICAL CANCER SCREENING
- CHILDHOOD IMMUNIZATION STATUS
- DIABETES: HBA1C TESTING
- DIABETES: NEPHROPATHY
- EMERGENCY DEPARTMENT VISITS
- LEAD SCREEN - CHILD

CHILDHOOD IMMUNIZATION STATUS

Score Over Time

INDEPENDENT PRACTICE 1

4 Providers are Selected

Incentive Benchmark

45.00

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)

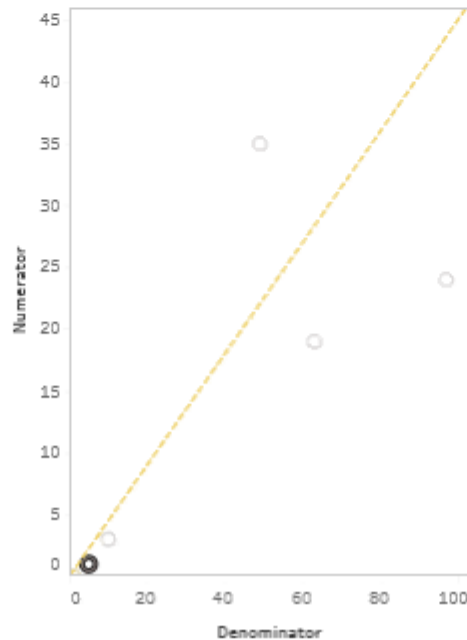
Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

Practice Dot Plot

October 2017 - September 2018

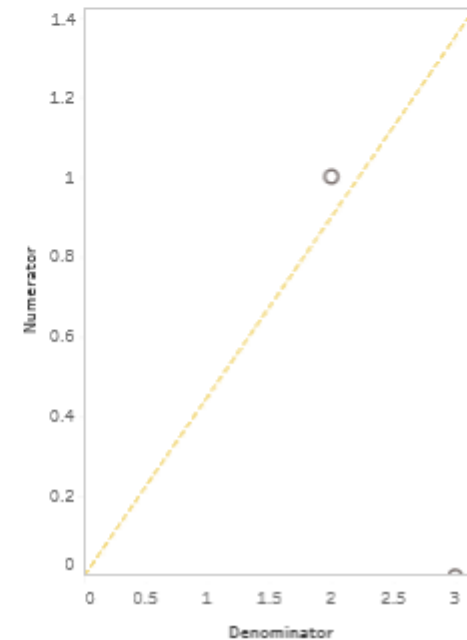
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

October 2017 - September 2018

(Select Provider to Filter Score Over Time and Practice Dot Plot)



If there are no time points in the report, then this measure does not count toward the incentive for your organization

Hover over Practice Dot and tool tip pops up with additional information:

- Practice Name
- Reporting Period
- Percent and benchmark status
- Numerator
- Denominator

Results for PRACTICE 646 for the October 1, 2017 - September 30, 2018 reporting period:

Percent of Qualifying Members: 46.46 (Fails to Meet Incentive Benchmark)
 Numerator: 138
 Denominator: 297

- Select Measure
- ACSC COMPOSITE - CHRONIC
 - ACUTE HOSPITAL ADMISSIONS
 - ADOLESCENT WELL-CARE
 - CERVICAL CANCER SCREENING
 - CHILDHOOD IMMUNIZATION STATUS
 - DIABETES: HBA1C TESTING
 - DIABETES: NEPHROPATHY
 - EMERGENCY DEPARTMENT VISITS
 - LEAD SCREEN - CHILD

ADOLESCENT WELL-CARE

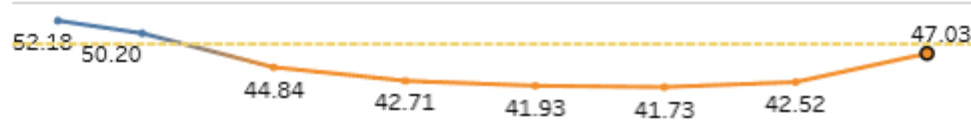
Score Over Time

PHYSICIAN ORG 989
 8 Practices are Selected
 39 Providers are Selected

Incentive Benchmark

48.54

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



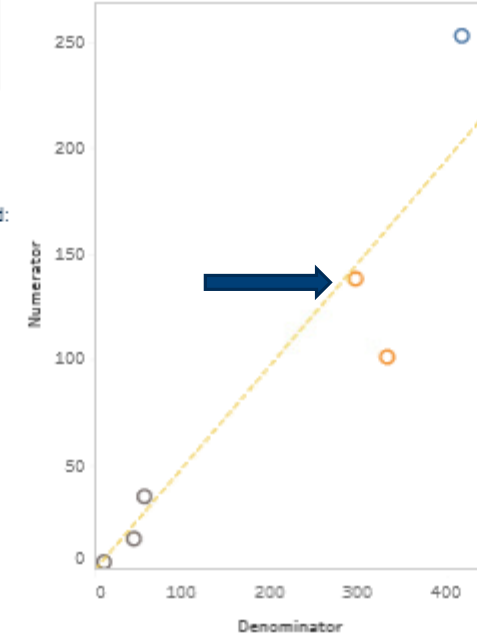
Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

Practice Dot Plot

October 2017 - September 2018

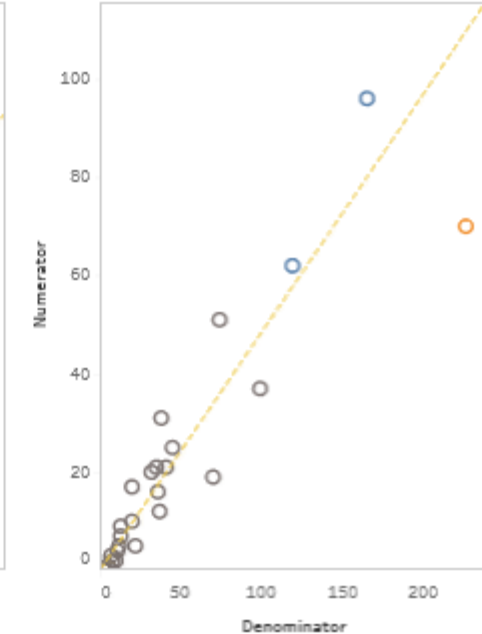
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

October 2017 - September 2018

(Select Provider to Filter Score Over Time and Practice Dot Plot)



This organization is very close to meeting the benchmark

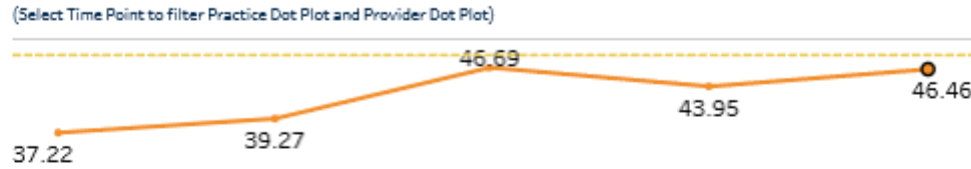
Focus on Practices that are on the right side (larger population) and close to the diagonal benchmark

- Select Measure
- ACSC COMPOSITE - CHRONIC
 - ACUTE HOSPITAL ADMISSIONS
 - ADOLESCENT WELL-CARE
 - CERVICAL CANCER SCREENING
 - CHILDHOOD IMMUNIZATION STATUS
 - DIABETES: HBA1C TESTING
 - DIABETES: NEPHROPATHY
 - EMERGENCY DEPARTMENT VISITS
 - LEAD SCREEN - CHILD

ADOLESCENT WELL-CARE

Score Over Time
PHYSICIAN ORG 989
PRACTICE 646
 5 Providers are Selected

Incentive Benchmark
48.54



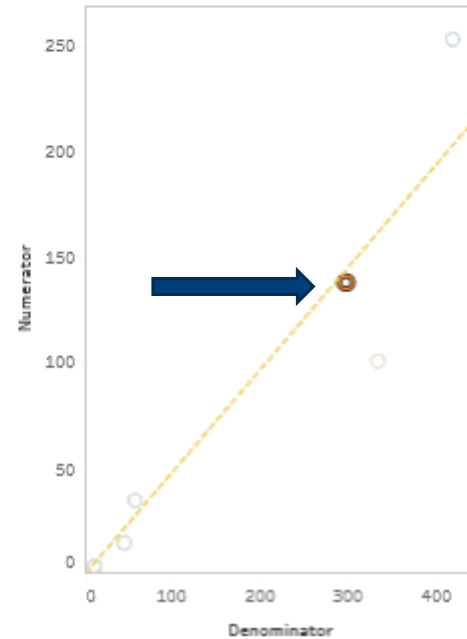
Hover over the Provider dot and a tool tip pops up with more information specific to the provider

Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

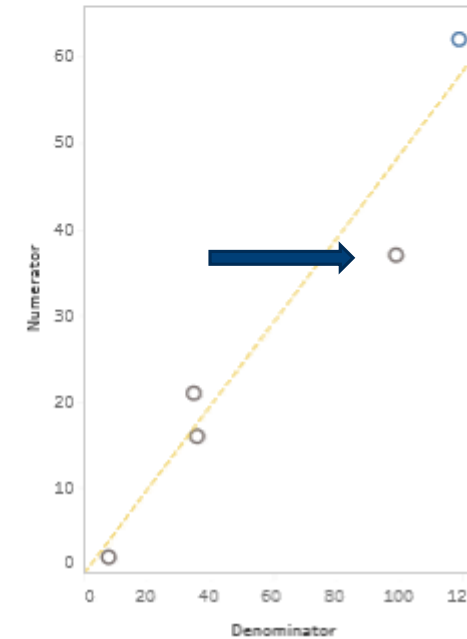
Practice Dot Plot

October 2017 - September 2018
 (Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

October 2017 - September 2018
 (Select Provider to Filter Score Over Time and Practice Dot Plot)



Select the Practice dot and results are limited to just that practice's providers

Focus on Providers on the right side (higher population) and close to the yellow benchmark

Results for JONES, ALICE for the October 1, 2017 - September 30, 2018 reporting period:

Percent of Qualifying Members: 37.37 (Small Sample Size)
 Numerator: 37
 Denominator: 99

Analytic Pathways

- Start the analysis by looking at a measure that is failing for incentives
- Use multiple reports to get additional detail
- Identify practice and patients that are driving results

Hover over Practice Dot for details

Select Measure

- ACSC COMPOSITE - CHRONIC
- ACUTE HOSPITAL ADMISSIONS
- ADOLESCENT WELL-CARE
- CERVICAL CANCER SCREENING
- CHILDHOOD IMMUNIZATION STATUS
- DIABETES: HBA1C TESTING
- DIABETES: NEPHROPATHY
- EMERGENCY DEPARTMENT VISITS
- LEAD SCREEN - CHILD

EMERGENCY DEPARTMENT VISITS

Score Over Time
PHYSICIAN ORG 2000

8 Practices are Selected
 39 Providers are Selected

Incentive Benchmark

606.01

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



ED Visits have decreased but consistently missing the benchmark

Results for Practice 20020 for the October 1, 2017 - September 30, 2018 reporting period:

Rate per 1,000 Qualifying Members: 901.12 (Fails to Meet Incentive Benchmark)
 Numerator: 1,604
 Denominator: 1,780

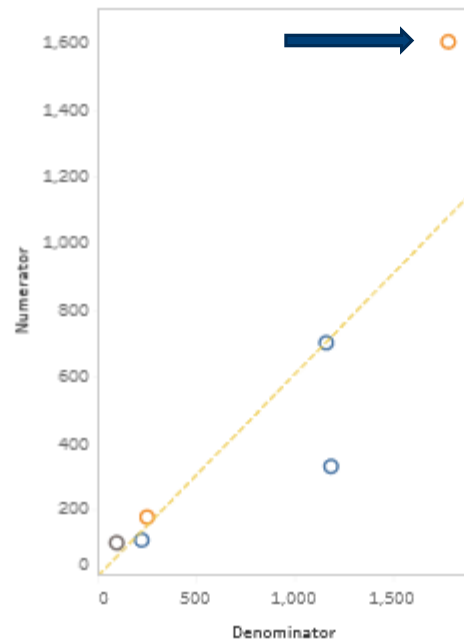
Legend

- Meets Incentive Benchmark
- Fails to Meet Incentive Benchmark
- Small Sample Size
- Incentive Benchmark

Practice Dot Plot

October 2017 - September 2018

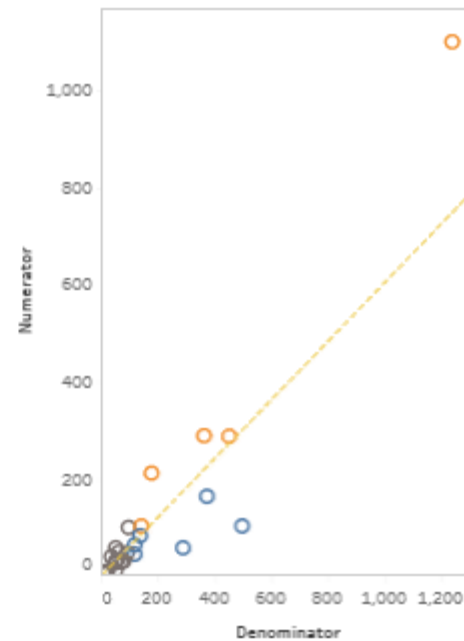
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Provider Dot Plot

October 2017 - September 2018

(Select Provider to Filter Score Over Time and Practice Dot Plot)



Practice missing benchmark and has high population

Next Step: See if this practice's performance is consistent over time

EMERGENCY DEPARTMENT VISITS

Score Over Time
PRACTICE 20020
8 Practices are Selected
39 Providers are Selected

Incentive Benchmark
606.01

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



EMERGENCY DEPARTMENT VISITS

Score Over Time
PRACTICE 20020
8 Practices are Selected
39 Providers are Selected

Incentive Benchmark
606.01

(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



EMERGENCY DEPARTMENT VISITS

Score Over Time
PRACTICE 20020
8 Practices are Selected
39 Providers are Selected

Incentive Benchmark
606.01

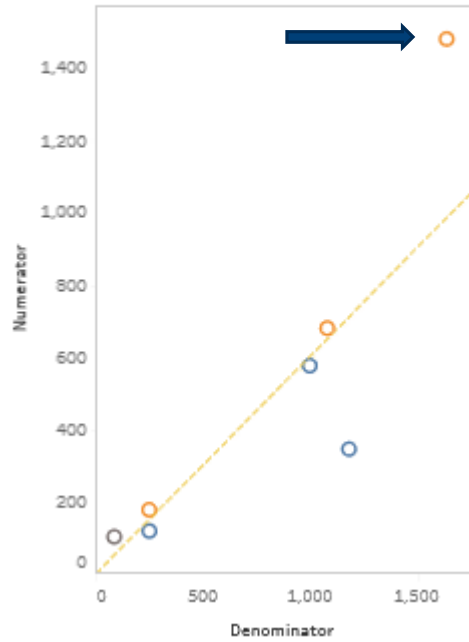
(Select Time Point to filter Practice Dot Plot and Provider Dot Plot)



Practice Dot Plot

July 2017 - June 2018

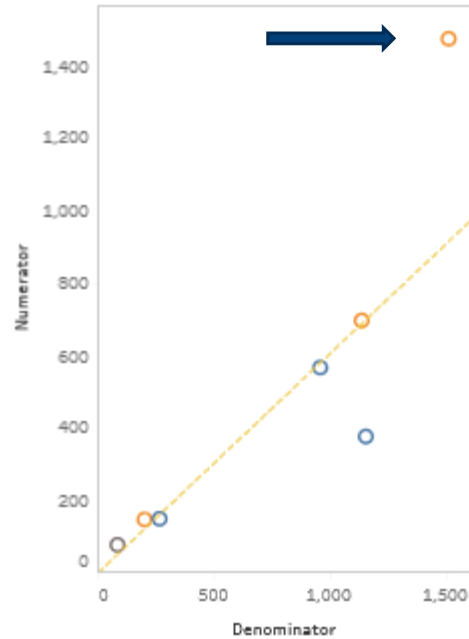
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Practice Dot Plot

April 2017 - March 2018

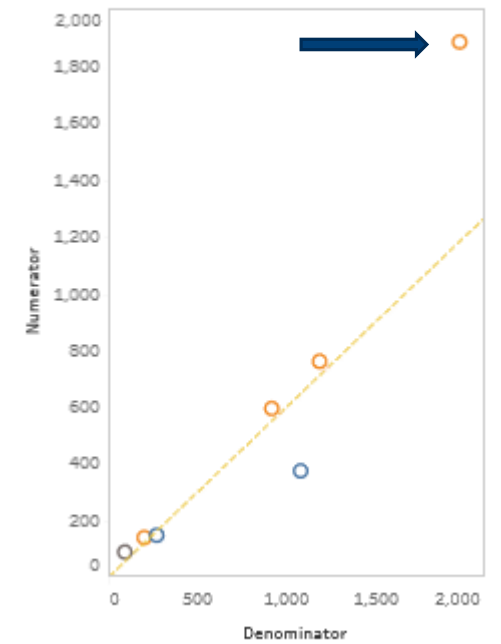
(Select Practice to Filter Score Over Time and Provider Dot Plot)



Practice Dot Plot

January 2017 - December 2017

(Select Practice to Filter Score Over Time and Provider Dot Plot)



It is consistent over time

Next Step:
Look at patients in latest reporting period for this practice



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SIM PCMH Dashboard

Overview Tile Trends Quality **Utilization** ACSC Comparisons Care Coordination Incentives Reports

SIM Project



Select Managing Organization



Select Practice



Select Provider



Go

- Export -



Utilization Measure Results

Filter to Practice in Question

My Practices PHYSICIAN ORG 2000 PRACTICE 20020 Select Provider

Go

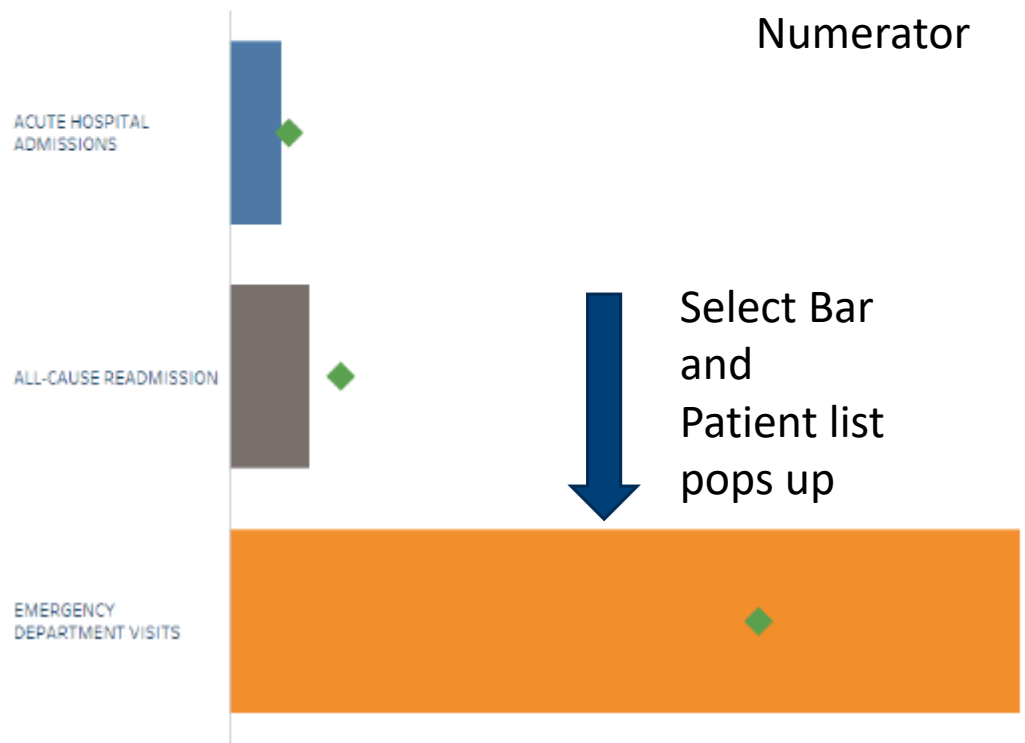
Visualizations Data - Export -

Sort Descending

PRACTICE 20020

Utilization Measures
 Rate per 1,000 Qualifying Members
 Measurement Period: October 1, 2017 - September 30, 2018

Show Benchmark
 PCMH
 None



Select Numerator

Select Bar and Patient list pops up

Keep Only Exclude

1780 items selected - SUM of Measure Values: 1,604

	Numerator	Denominator
Patient 1	33	1
Patient 2	12	1
Patient 3	11	1
Patient 4	10	1
Patient 5	10	1
Patient 6	9	1
Patient 7	9	1
Patient 8	8	1
Patient 9	8	1
Patient 10	7	1
Patient 11	7	1
Patient 12	7	1
Patient 13	7	1
Patient 14	7	1
	7	1

Identify high utilizers

Ensure appropriate care management is provided to control ED utilization



Questions

Links for More Information

[Dashboard User Guide](#)

[Dashboard Release Notes](#)

[Technical Guide](#)