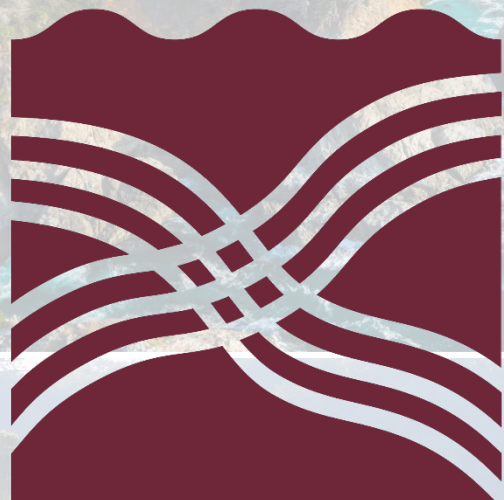


PCP QIP Partnership Quality Dashboard 2023 Kickoff Webinar

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



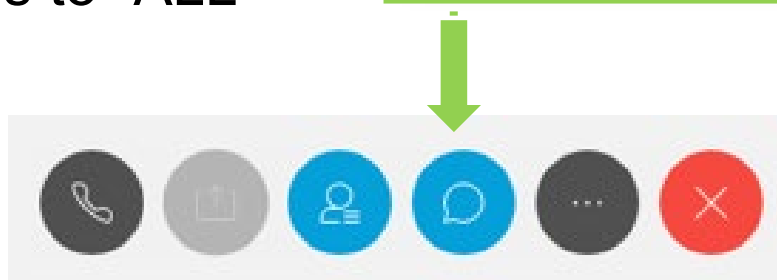
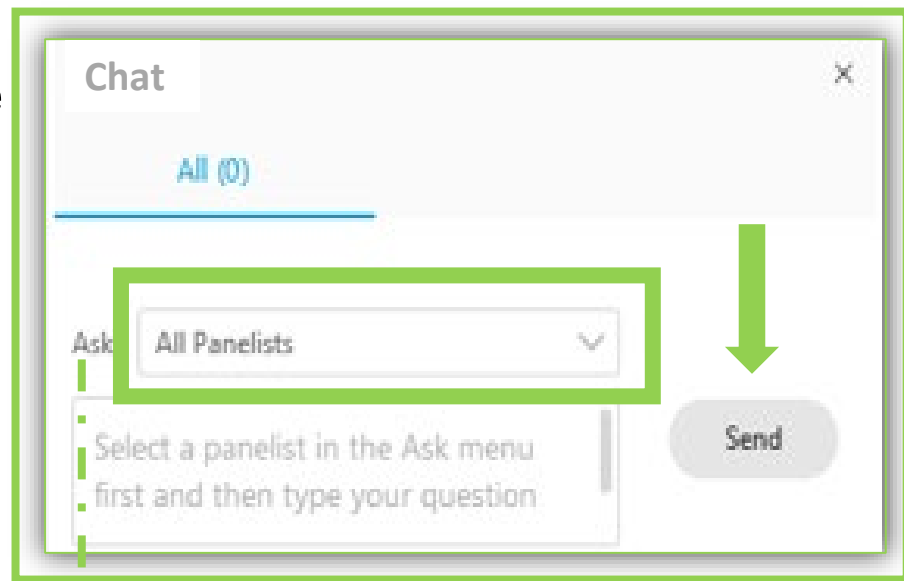
PCP QIP Program Managers:
Amber Newell
Athena Beltran-Nampraseut

July 12, 2023

Webinar Instructions

ABN

- This webinar will be recorded.
- All participants have been muted to eliminate any possible noise interference/distraction.
- Time is put aside for questions at the end of the webinar.
- If you have a question, please type your question in the CHAT BOX, and address to “ALL PANELISTS.”



Agenda

ABN

- Logging into PQD and navigation
- New 2023 features
- User guides and resources
- Discussion and Q&A



PQD Login

ABN

- Login to PQD through eReports
- For eReports login information, contact the eAdministrator for your site

Select a PCP Select PCP

Core Clinical Measurement Set					
Measure	QIP Score	Numerator	Denominator	25th Threshold %	25th(Target/Achieved)
Child and Adolescent Well Care 2023	21.97 %	2252	10249	NA	NA
Asthma Medication Ratio 2023	72.65 %	356	490	NA	NA
Breast Cancer Screening 2023	35.13 %	781	2223	NA	NA
Cervical Cancer Screening 2023	44.07 %	5393	12236	NA	NA
Childhood Immunization Status CIS 10 2023	18.59 %	108	581	NA	NA
Colorectal Cancer Screening 2023	23.43 %	1899	8105	32.8%	2659/1899
Controlling High Blood Pressure 2023	4.48 %	74	1650	NA	NA
Diabetes - HbA1C Good Control 2023	18.42 %	294	1596	NA	NA
Diabetes - Retinal Eye exam 2023	17.04 %	272	1596	NA	NA
Immunization for Adolescents 2023	27.48 %	194	706	NA	NA
Well Child First 15 Months 2023	13.97 %	38	272	NA	NA

Advanced Care Planning

PQD Background

ABN

Partnership Quality Dashboard (PQD) is an online platform that integrates many sources of data and is designed to help prioritize, inform and evaluate quality improvement efforts.

Home – Payout Status

ABN

Home QIP Stoplight Provider MeasurePerformance Scorecard DrillDown_Clinical Drilldown_NonClinical FS1 FS2 FS3



Partnership HealthPlan of California
Quality Dashboard
Home

- PQD is an online platform that integrates many sources of quality performance data to enable PCPs and PHC staff to prioritize, inform and evaluate quality improvement efforts.
- QIP data is updated monthly on the 10th in PQD.
- Please reach out to PQD team (PQD@partnershiphp.org) for any questions.



Status
ESTIMATED



Refresh Date
May-23



Members
11,484



Claims Timeliness
98.53% (Excellent)
(16,219/16,461)

Parent Organization Name

Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	PO Partial Points NNT	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$		
ACC - ADMISSION	8.88	N/A	N/A	N/A	\$58,976	\$10,886	44	92
					\$18,521	\$65,313	64	86
					\$15,434	\$54,428	56	99
					\$0	\$83,834	35	91
					\$0	\$83,834	37	92
					\$0	\$125,751	8	76
					\$0	\$83,834	18	72
					\$0	\$69,862	60	91
					\$0	\$83,834	2	89
					\$0	\$83,834	35	89
					\$0	\$69,862	46	89
					\$83,834	\$0	7	75
					\$69,862	\$0	54	99
					\$15,434	\$54,428	61	92
					\$0	\$125,751	11	65

Provider QIP \$ Earned vs. Remaining QIP \$

Clinic #1234

\$163,283

\$816,413

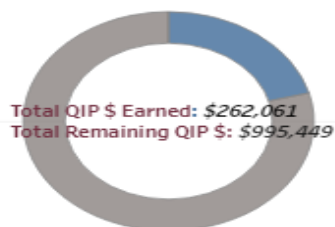
Clinic #5678

\$98,779

\$179,036

Payout Status

Your organization has earned 20.84% of your Total Possible QIP \$.



You have earned 20.99% of your possible points. The Planwide Average to date is 22.62% giving you an Overall Rank of 52 out of 99 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20



52

99


Bottom 20

Provider Score


Clinic #1234
 Clinic #5678





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[Provider](#)
[MeasurePerformance](#)
[Scorecard](#)
[DrillDown_Clinical](#)
[Drilldown_NonClinical](#)
[FS1](#)
[FS2](#)
[FS3](#)



Partnership HealthPlan of California
Quality Dashboard
[Home](#)


- PQD is an online platform that integrates many sources of quality performance data to enable PCPs and PHC staff to prioritize, inform and evaluate quality improvement efforts.
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- Please reach out to PQD team (PQD@partnershiphp.org) for any questions.





Status
ESTIMATED


Refresh Date
May-23


Members
11,484


Claims Timeliness
98.53% (Excellent)
(16,219/16,461)

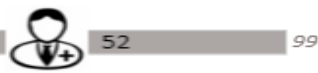
[Payout Status]
Your organization has earned **20.84%** of your Total Possible QIP \$.



Total QIP \$ Earned: \$262,061
Total Remaining QIP \$: \$995,449

You have earned 20.99% of your possible points. The Planwide Average to date is 22.62% giving you an Overall Rank of 52 out of 99 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20



Bottom 20

Parent Organization Name
Parent Organization (PO) Executive QIP Measure Summary

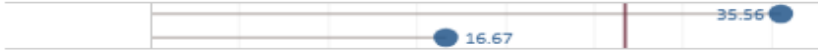
Measure	PO Score	50th Target	PO Partial Points NNT	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$	
ACC - ADMISSION	8.88	N/A	N/A	N/A	\$58,976	\$10,886	44 92
	64.79	64.26	3	4	\$18,521	\$65,313	64 86
	9.92	N/A	N/A	N/A	\$15,434	\$54,428	56 99
	43.79	50.95	54	96	\$0	\$83,834	35 91
	45.29	57.64	388	541	\$0	\$83,834	37 92
	24.02	48.93	890	1195	\$0	\$125,751	8 76
	19.72	34.79	33	49	\$0	\$83,834	18 72
	23.94	40.23	214	392	\$0	\$69,862	60 91
	51.96	59.85	49	82	\$0	\$83,834	2 89
	31.03	60.10	182	209	\$0	\$83,834	35 89
	31.03	51.09	N/A	126	\$0	\$69,862	46 89
	46.52	35.04	0	0	\$83,834	\$0	7 75
	1.99	N/A	N/A	N/A	\$69,862	\$0	54 99
	1.27	N/A	N/A	N/A	\$15,434	\$54,428	61 92
	22.73	55.72	30	35	\$0	\$125,751	11 65

Claims Timeliness
98.53% (Excellent)
(16,219/16,461)

Timeliness Status
Excellent
Threshold
>=95% Excellent
85-95% Good
75-85% Fair
<75% Poor

Provider Score

Clinic #1234
Clinic #5678



Home – Performance Ranking

ABN

You have earned **8.14%** of your possible points. The Planwide Average to date is **15.60%** giving you an Overall Rank of **100** out of **113** parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20



Bottom 20

This chart shows your organization's relative rank in performance against other organization's in the PCP QIP network.

- Click the **Top 20** and **Bottom 20** boxes to see an un-blinded list of the top and bottom performers.
- Performance ranking compares the PCP sites member months against parent organization member months.

Home – PO Measure Summary

ABN

- PQD is an online platform that integrates many sources of quality performance data to enable PCPs and PHC staff to prioritize, inform and evaluate quality improvement efforts.
- QIP data is updated monthly on the 10th in PQD.
- Please reach out to PQD team (PQD@partnershipphp.org) for any questions.



Parent Organization Name

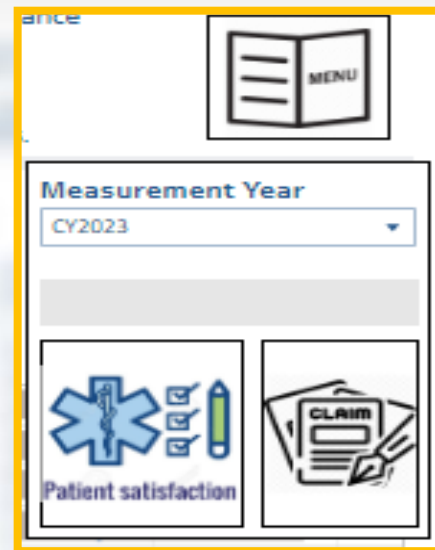
Parent Organization (PO) Executive QIP Measure Summary

Measure	PO Score	50th Target	PO Partial Points	PO Full Points NNT	PO QIP \$ Earned	PO Remaining QIP \$		
ACS_ADMISSION	8.88	N/A	N/A	N/A	\$58,976	\$10,886	44	92
Asthma Medication Ratio	64.79	64.26	3	4	\$18,521	\$65,313	64	86
Avoidable ED/1000	9.92	N/A	N/A	N/A	\$15,434	\$54,428	56	99
Breast Cancer Screening	43.79	50.95	54	96	\$0	\$83,834	35	91
Cervical Cancer Screening	45.29	57.64	388	541	\$0	\$83,834	37	92
Child and Adolescent Well Care Visits	24.02	48.93	890	1195	\$0	\$125,751	8	76
Childhood Immunization Status CIS 1	19.72	34.79	33	49	\$0	\$83,834	18	72
Colorectal Cancer Screening	23.94	40.23	214	392	\$0	\$69,862	60	91
Controlling High Blood Pressure	51.96	59.85	49	82	\$0	\$83,834	2	89
Diabetes - HbA1C Good Control	31.03	60.10	182	209	\$0	\$83,834	35	89
Diabetes - Retinal Eye exam	31.03	51.09	N/A	126	\$0	\$69,862	46	89
Immunization for Adolescents IMA 2	46.52	35.04	0	0	\$83,834	\$0	7	75
PCP Office Visits	1.99	N/A	N/A	N/A	\$69,862	\$0	54	99
RAR_READMISSION	1.27	N/A	N/A	N/A	\$15,434	\$54,428	61	92
Well Child First 15 Months	22.73	55.72	30	35	\$0	\$125,751	11	65

Home - Menu

ABN

- Patient experience shows an un-blinded performance comparison chart for sites participating in CG-CAHPS or Survey Option in prior QIP years.
- Untimely Claims shows a member-detail report of any claims received over 90 days from the service date.





QIP Stoplight

AN

Home QIP Stoplight Provider MeasurePerformance Scorecard DrillDown_Clinical Drilldown_NonClinical FS1 FS2 FS3



QIP Stoplight

Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout
Gap Size & Dollars Remaining - Estimated Until QIP Data Is Finalized For The Measurement Year

(As of December 2022)

Show Trend Chart

Show QIP Targets

Refresh Date

December 2022

Target/Benchmark Filter

PCP QIP Full Points target

Gap Size & Dollars Remaining

< 10 From Target

< 30 From Target

> 30 From Target

Target Met

Measure	Total Org Gap	Total Org Num	Total Org Denom	Clinic #1	Clinic #2	Clinic #3	Clinic #4	Clinic #5	Clinic #6
Asthma Medication Ratio	7	198	256	0 \$0	0 \$0	7 \$36,261	0 \$0	0 \$0	0 \$0
Breast Cancer Screening	0	807	1,292	0 \$0	0 \$0	0 \$0	0 \$0	0 \$0	0 \$0
Cervical Cancer Screening	89	3,141	5,014	0 \$0	59 \$22,104	30 \$10,360	0 \$0	0 \$0	0 \$0
Child and Adolescent Well Care Visits	46	4,097	7,294	0 \$0	0 \$0	46 \$10,360	0 \$0	0 \$0	0 \$0
Childhood Immunization Status CIS 10	44	131	425	0 \$0	2 \$6,316	4 \$36,261	21 \$94,682	12 \$25,640	5 \$10,324

QIP Stoplight Trend Chart

AN

Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3



QIP Stoplight

Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout
Gap Size & Dollars Remaining - Estimated Until QIP Data is Finalized For The Measurement Year

(As of December 2022)

Hide Trend Chart

Show QIP Targets

Refresh Date

December 2022

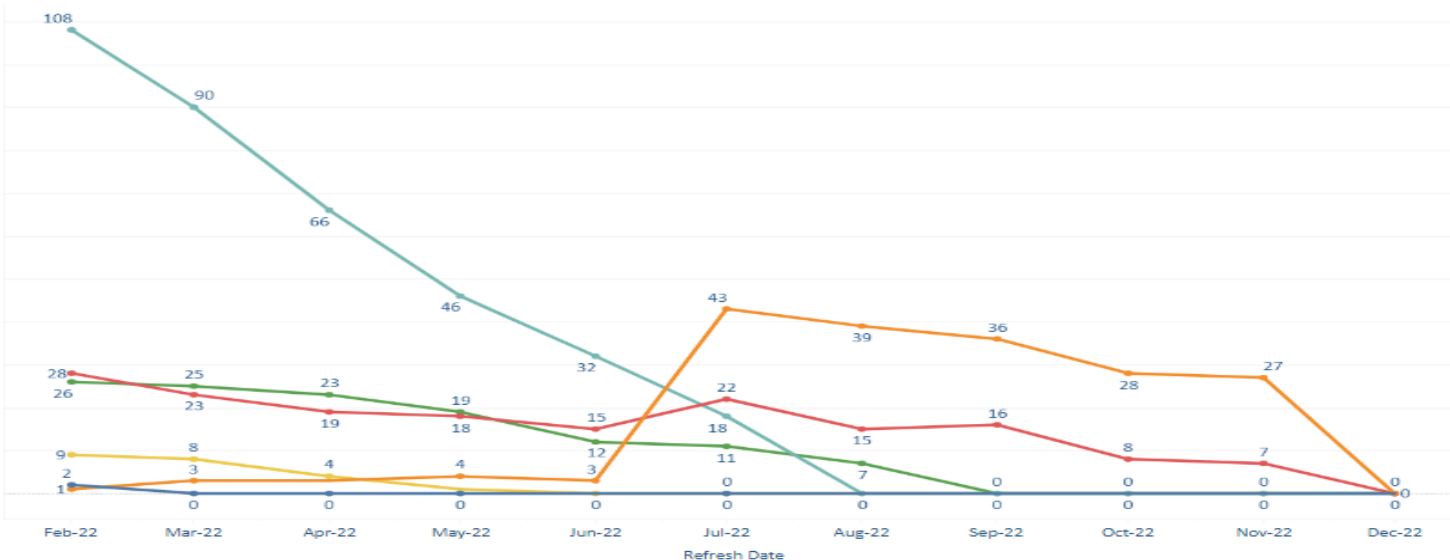
Target/Benchmark Filter

PCP QIP Partial Points target

Measure Selection

Breast Cancer Screening

(Patient Gap to Reach Selected Target/Benchmark) Trend Chart



QIP Stoplight Targets

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Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3



QIP Stoplight

Patient Gap to Reach Targets/Benchmarks and Remaining QIP Payout
Gap Size & Dollars Remaining - Estimated Until QIP Data Is Finalized For The Measurement Year

(As of December 2022)

Show Trend Chart

Hide QIP Targets

Refresh Date

December 2022

Target/Benchmark Filter

PCP QIP Partial Points target


Core Measurement Set

Measure Name	Full Point Target	Partial Point Target
CLINICAL DOMAIN: CLINICAL MEASURES		
Asthma Medication Ratio	75th Percentile (70.67%)	50th Percentile (64.78%)
Breast Cancer Screening	75th Percentile (58.70%)	50th Percentile (53.93%)
Cervical Cancer Screening	75th Percentile (63.66%)	50th Percentile (59.12%)
Child and Adolescent Well Care Visits	75th Percentile (53.83%)	50th Percentile (45.31%)
Childhood Immunization Status: Combo 10	75th Percentile (45.50%)	50th Percentile (38.20%)
Colorectal Cancer Screening	50th Percentile (40.23%)	25th Percentile (32.8%)
Comprehensive Diabetes Care: HbA1c Control	75th Percentile (61.63%)	50th Percentile (56.81%)
Controlling High Blood Pressure	75th Percentile (62.53%)	50th Percentile (55.35%)
Immunizations for Adolescents – Combo 2	75th Percentile (43.55%)	50th Percentile (36.74%)
Well-Child Visits in the First 15 Months of Life	75th Percentile (61.25%)	50th Percentile (54.92%)
Counseling for Nutrition for Children/Adolescents	75th Percentile (76.64%)	50th Percentile (70.11%)
Counseling for Physical Activity for Children/Adolescents	75th Percentile (72.81%)	50th Percentile (66.18%)

Provider


AN

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[Scorecard](#)
[DrillDown_Clinical](#)
[Drilldown_NonClinical](#)
[FS1](#)
[FS2](#)
[FS3](#)



Partnership HealthPlan of California
Quality Dashboard

| Provider Summary |



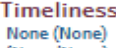
Status
None



Refresh Date
None




Members
None



Timeliness
None (None)
(None/None)


Organization:
None
Provider:
None
Practice Type:
None

2023-2024 Measure
Click the icon to see a suggested Medical Officer for addressing performance



Measurement Year
CY2023

Provider Name
(None)




| Performance Summary |

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for

SelectRanking
Planwide

Provider – Performance Summary

AN

Home QIP Spotlight Provider MeasurePerformance Scorecard DrillDown_Clinical Drilldown_NonClinical FS1 FS2 FS3



- Measures are grouped by **Clinical & Non-Clinical** measures.
- NNT** is number of patients needed to treat to hit the identified target
- QIP \$ Earned** and **Total Possible QIP \$** show current earnings vs. earnings if full points targets are met.

Performance Summary

This table provides a timely summary of a individual provider's performance, showing score, Full Points/Partial Points/No Points, payout and ranking for a given measure.

Measure Type	Measure Category	Measure	Score	Partial Points Target	Partial Points NNT	Full Points Target	Full Points NNT	Points Earned	Potential Points	QIP \$ Earned	Total Possible QIP \$	Remaining QIP \$	SelectRanking	Planwide
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	59.62	64.26	3	65.50	4	0	6	\$0	\$65,313	\$65,313	<div><div></div></div> 183	236
		Controlling High Blood Pressure	52.89	59.85	33	65.10	58	0	6	\$0	\$65,313	\$65,313	<div><div>10</div></div>	237
		Diabetes - HbA1C Good Control	33.33	60.10	131	64.44	152	0	6	\$0	\$65,313	\$65,313	<div><div>66</div></div>	238
		Diabetes - Retinal Eye exam	30.86	N/A	N/A	51.09	99	0	5	\$0	\$54,428	\$54,428	<div><div></div></div> 125	238
	Preventative Screening	Breast Cancer Screening	42.83	50.95	46	56.52	78	0	6	\$0	\$65,313	\$65,313	<div><div></div></div> 106	244
		Cervical Cancer Screening	44.05	57.64	343	62.53	467	0	6	\$0	\$65,313	\$65,313	<div><div></div></div> 126	245
		Childhood Immunization Statu..	19.17	34.79	31	42.09	45	0	6	\$0	\$65,313	\$65,313	<div><div>61</div></div>	190
		Colorectal Cancer Screening	23.13	32.80	186	40.23	328	0	5	\$0	\$54,428	\$54,428	<div><div></div></div> 171	244
		Immunization for Adolescents ..	43.27	35.04	0	41.12	0	6	6	\$65,313	\$65,313	\$0	<div><div>33</div></div>	193
	Utilization	Child and Adolescent Well Car..	22.05	48.93	734	57.44	967	0	9	\$0	\$97,970	\$97,970	<div><div></div></div> 47	201
		Well Child First 15 Months	23.26	55.72	28	61.19	33	0	9	\$0	\$97,970	\$97,970	<div><div>30</div></div>	173
Non-Clinical	Primary Care Utilization	ACS_ADMISSION	9.39	10.61	N/A	8.21	N/A	4	5	\$43,542	\$54,428	\$10,886	<div><div></div></div> 160	247
		Avoidable ED/1000	11.50	8.25	N/A	6.57	N/A	0	5	\$0	\$54,428	\$54,428	<div><div></div></div> 181	271
		PCP Office Visits	2.03	1.50	N/A	1.80	N/A	5	5	\$54,428	\$54,428	\$0	<div><div></div></div> 154	271
	RAR_READMI.	RAR_READMISSION	1.46	1.20	N/A	0.99	N/A	0	5	\$0	\$54,428	\$54,428	<div><div></div></div> 192	247
Grand Total								15	90	\$163,283	\$979,695	\$816,413	<div><div>271</div></div>	174

Provider - Timeline

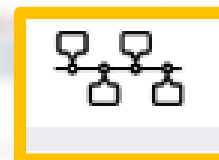
AN

Download Comments Full Screen

Timeline for addressing 2023 and 2024 PCP QIP Measures

2023				2024
Q1: Jan - Mar	Q2: Apr - Jun	Q3: Jul - Sep	Q4: Oct - Dec	Q1: Jan - Mar
Year-round: On call system to reduce ED visits; Quick hospital follow-up to prevent readmissions; Control of CHF and COPD to reduce admissions				
<ul style="list-style-type: none"> Childhood Immunization Status (0-2 yrs) Well-Child Visits (0-15 months) Asthma Medication Ratio (5-64 yrs) Controlling High Blood Pressure (18-85 yrs) Diabetes Management: HbA1C good control (18-75 yrs) Diabetes Management: Retinal Eye Exams (18-75 yrs) Child (Turning 3-11 yrs) and Adolescent Well Care (12-17 yrs) Visits 		Annual Measures		
		Multi-year Measures		
		Early Measures		
		<ul style="list-style-type: none"> Breast Cancer Screening (50-74 yrs) Cervical Cancer Screening (21-64 yrs) Colorectal Cancer Screening (45-75 yrs) Adolescent Immunization (10-12 yrs) 		
		<ul style="list-style-type: none"> Well-Child Visits (0-15 months) <p>Schedule those with Jan-March birthdays:</p> <ul style="list-style-type: none"> Childhood Immunization Status (0-2 yrs) Adolescent Immunization (Turning 13 yrs) 		
		<p>Final push to close gaps in annual measures with eReports uploads:</p> <ul style="list-style-type: none"> Controlling High Blood Pressure Diabetes Management: HbA1C good control Child and Adolescent Well Care Visits 		
		<p>Grace Period: January 8-31</p> <p>Upload missing data in eReports for prior measurement year</p>		

Rev. 01042023



Hover over the Member Trend icon to see a trend chart of your member months.



Members
485



Hover over the *i* for more detailed info on PQD data.



Click here for a link to the QIP 2023 Measure Specifications.

Measure Performance

AN

Home | QIP Spotlight | Provider | **MeasurePerformance** | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3

Partnership Quality Dashboard Measure Performance

Select Metric: Score | Select Geo Level: None | Select Comparison: None

Select Chart Type: Trend Table | Select Dimension: None

Legend for Score and % Metrics Only

- 0-50% better
- 0-50% worse
- 0% Diff
- 50-100% better
- 50-100% worse
- >100% better

Count of Providers in View

	FAMILY	Grand Total
CY2023	2	2

Select years: CY2023

Data Type: ESTIMATED

Measure Type: (All)

MeasureName: (All)

County: SOLANO

Provider Name: (All)

Provider Type: N/A

Practice Size: (All)

Practice Type: (All)

Gender: (All)

AgeGroup: (All)

Ethnicity: (All)

Language: (All)

Get Info

MeasureName	Geo Levels	Dimensions	CY2023				
			Jan-23	Feb-23	Mar-23	Apr-23	May-23
Asthma Medication Ratio							
Breast Cancer Screening							
Cervical Cancer Screening							
Child and Adolescent Well Care Visits							
Childhood Immunization Status CIS 10							
Colorectal Cancer Screening							
Controlling High Blood Pressure							
Diabetes - HbA1C Good Control							
Diabetes - Retinal Eye exam							
Immunization for Adolescents IMA 2							
Well Child First 15 Months							
ACS_ADMISSION							
Avoidable ED/1000							
PCP Office Visits							
RAR_READMISSION							

- Use filters on the left side of the dashboard to filter the data in your view.
- Use filters on the top of the dashboard to change the parameters of the view and stratify rates.

Measure Performance – Dimension View

AN

Home | QIP Spotlight | Provider | **MeasurePerformance** | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | FS1 | FS2 | FS3

Partnership Quality Dashboard Measure Performance

Select Metric: Score | Select Geo Level: None | Select Comparison: None

Select Chart Type: Trend Table | **Select Dimension: Ethnicity**

Count of Providers in View

	FAMILY	Grand Total
CY2023	2	2

Legend for Score and % Metrics Only

- 0-50% better (light blue)
- 0-50% worse (orange)
- 0% Diff (grey)
- 50-100% better (dark blue)
- 50-100% worse (dark orange)
- >100% better (lightest blue)

Select years: CY2023

Data Type: ESTIMATED

Measure Type: (All)

MeasureName: (All)

County: SOLANO

Provider Name: (All)

Provider Type: N/A

Practice Size: (All) | Practice Type: (All)

Gender: (All) | AgeGroup: (All)

Ethnicity: (All) | Language: (All)

Get Info


MeasureName	Geo Levels	Dimensions	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Asthma Medication Ratio		ASIAN INDIAN					0.00
		BLACK				80.00	83.33
		FILIPINO					100.00
		GUAMANIAN				100.00	100.00
		HISPANIC				95.00	75.86
		OTHER				50.00	40.00
		UNKNOWN				0.00	50.00
		VIETNAMESE					
		WHITE					
		Breast Cancer Screening		ASIAN INDIAN			
ASIAN/PACIF.							
BLACK							
CAMBODIAN							
CHINESE							
FILIPINO							
HISPANIC							
KOREAN							
LAOTIAN							
NATIVE AME.							
Cervical Cancer Screening		OTHER					
		SAMOAN					
		UNKNOWN					
		VIETNAMESE				50.00	50.00
		WHITE				35.33	34.78
		ASIAN INDIAN				50.00	51.52
		ASIAN/PACIF.				39.47	42.11
		BLACK				38.46	38.82
		CAMBODIAN				66.67	66.67
		CHINESE				40.00	40.00

Use the “Select Dimension” view breakdown by choice of measure, Practice Type, Gender, Ethnicity, etc.

Measure Performance – Site Scores

AN

[Home](#)
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[FS1](#)
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Partnership
Quality
Dashboard
Measure
Performance

Select Metric
Score

Select Chart Type
Trend Table

Select years
CY2023

Data Type
ESTIMATED

Measure Type
(All)

MeasureName
(All)

County
SOLANO

Provider Name
(All)

Provider Type
N/A

Practice Size
(All)

Practice Type
(All)

Gender
(All)

AgeGroup
(All)

Ethnicity
(All)

Language
(All)

Get Info

Select Geo Level
None

Select Dimension
None

Select Comparison
None

Legend for Score and % Metrics Only
0-50% better (blue) 0-50% worse (orange) 50-100% better (green) 50-100% worse (red) >100% better (dark blue) >100% worse (dark red)

Count of Providers in View

	FAMILY	Grand Total
CY2023	2	2

MeasureName	Geo Levels	Dimensions	CY2023		
			Jan-23	Feb-23	Mar-23
Asthma Medication Ratio					
Breast Cancer Screening					
Cervical Cancer Screening					
Child and Adolescent Well Care Visits					
Childhood Immunization Status CIS 10					
Colorectal Cancer Screening					
Controlling High Blood Pressure					
Diabetes - HbA1C Good Control					
Diabetes - Retinal Eye exam					
Immunization for Adolescents IMA 2					
Well Child First 15 Months					
ACS_ADMISSION			2.13	5.34	
Avoidable ED/1000			5.57	7.74	
PCP Office Visits			2.04	1.95	
RAR_READMISSION			0.00	1.34	

Provider Name
Clinic #1234
Clinic #5678

CY2023 Breast Cancer Screening	
Apr-23	May-23
42.38	42.83
45.95	46.74

Clicking into any measure displays pop-out chart with individual provider scores.



ABN

Partnership Quality Dashboard Points Tracking

Select Dimension (Columns)
Parent Organization

Count of Providers in Selected View
Measurement Year: CY2023 FAMILY Total 2

Pie slices represent a count of the number of providers in each point level for each measure. Select Dimension option will create a Column for dimension. Metric Selection option is disabled in this view. Click on a Data point to see Provider List.

Measurement Year	CY2023
Measure	(All)
County	(All)
Parent Organization	
Provider Name	(All)
Practice Size	(All)
Practice Type	(All)
Points Received	(All)
Clinical	Chronic Disease Mgmt
Asthma Medication Ratio	
Controlling High Blood Pressure	
Diabetes - HbA1C Good Control	
Diabetes - Retinal Eye exam	
Preventative Screening	Breast Cancer Screening
Cervical Cancer Screening	
Childhood Immunization Status CIS 10	
Colorectal Cancer Screening	
Immunization for Adolescents IMA 2	
Utilization	Child and Adolescent Well Care Visits
Well Child First 15 Months	
Non-Clinical	ACS_ADMISSION
Primary Care Utilization	Avoidable ED/1000
PCP Office Visits	
RAR_READMISSION	RAR_READMISSION

Select a dimension to break out performance into individual columns. The example below shows breakout by practice type, displaying points earned for each practice types in the organization.

The county dimension is only applicable if your organization spans into multiple counties.

Practice size is based on total assigned Medi-Cal primary membership.

Clinical Member Drilldown

ABN



Partnership HealthPlan of California
Quality Dashboard

|Me

Select Provider Name to view site's member compliance list

Select Measure Name to view member compliance list for the measure

Use Member Name text box to search for a member by name

Measurement Year: CY2023

Refresh Date: May-23

Provider Name: Clinic #1234

Measure Name: Asthma Medication Ratio

Numerator: 31

Denominator: 52

Score: 59.6

Provider Name: Clinic #1234

Measure Name: Asthma Me...

Member Name

Compliant (Blue)

Non-Compliant (Orange)

Provider Name	Member Name	CIN	Ethnicity	Elig Date	
				Apr-23	May-23
			WHITE	Non-Compliant	Non-Compliant
			ASIAN INDIAN		Non-Compliant
			WHITE		Non-Compliant
			HISPANIC		Compliant
			HISPANIC	Non-Compliant	
			HISPANIC	Compliant	Compliant
			HISPANIC	Compliant	Compliant
			HISPANIC	Compliant	Compliant

Non-Clinical Member Drilldown

ABN



Partnership HealthPlan of California
Quality Dashboard

[Member Drilldown Non-clinical]

Drilldown Instructions:

- Single click any of the measure names below to open/close the drilldown pop-up. Before moving to a new measure, please click the current measure drilldown tab to close it.
- Risk Adjusted Readmissions has two views: 1) Start with Provider Summary 2) Select provider name(s) to view observed and expected ratio 3) Switch to Member Drilldown to view readmission details

Avoidable ED Visits

Ambulatory Care Sensitive Admissions

Risk Adjusted Readmissions

Office Visits |



Report header will turn blue when open and red when closed.

- Single click measure name to open and close dashboards.
- Hide reports before viewing another measure.
- Provider site must first be selected to populate reports.



ABN

Office Visits

Eureka | Fairfield | Redding | Santa Rosa



Non-Clinical Member Drilldown - Risk Adjusted Readmissions

ABN

Avoidable ED Visits

Ambulatory Care Sensitive Admissions

Risk Adjusted Readmissions

Office Visits

Select View

Provider Summary

Measurement Year

CY2023

Provider Name

(All)

Search for CIN

Search for Member Name

PCP Name	Index Hospital Stays	30-day Readmissions	Estimated_Readmission_Risk	Observed_Readm_Rate	Expected_Readm_Rate	Observed/Expected Ratio
	94	9	7.23	0.10	0.08	1.24
	13	0	0.96	0.00	0.07	0.00

Select View = Provider Summary

This report shows important data points used for the measure calculation.

Use select view filter to switch to the Member Drilldown report.
See example of next slide

Non-Clinical Member Drilldown - Risk Adjusted Readmissions

ABN

Avoidable ED Visits

Ambulatory Care Sensitive Admissions

Risk Adjusted Readmissions

Office Visits

Select View: **Member Drilldown** | Measurement Year: **CY2023** | Provider Name: **(None)** | Search for CIN: | Search for Member Name: |

PCP Name | Admit Dt | CIN | Member Name | Age at Admit | Gender | Ethnicity | Hospital Name | Discharge Dt

30-day Readmissions: # of any readmissions within 30 days of current admission date.

Estimated Readmission Risk: Unique to the member and used in the Expected 30-Day Readmission risk calculation.

Readmission Days: Days between the current admission and the subsequent admission date.

30-day Readmissions	Estimated_Risk	Readm_Days	Length Of Stay
1	0.12	Null	28
0	0.08	Null	17
1	0.17	Null	17
0	0.06	Null	10
1	0.09	Null	14
0	0.08	Null	11
0	0.12	Null	7
0	0.07	Null	29
0	0.06	Null	7
0	0.11	Null	13
0	0.11	Null	3
0	0.08	Null	1
1	0.09	Null	4
0	0.08	Null	5

0 10 20 30 40
Length Of Stay

Final Statement (FS1-FS3)

AN

Home QIP Stoplight Provider MeasurePerformance Scorecard DrillDown_Clinical Drilldown_NonClinical **FS1** FS2 FS3



Partnership Health Plan
PCP Quality Improvement Program Statement
Final Report

Measurement Year

CY2022

Parent Organization: [REDACTED]

CY2022 Member Months: 12,708

Provider Name

Total Due to PCP: \$[REDACTED]



A site must be selected
from the Provider
Name dropdown menu
in order for the report
to populate

Final Statement (FS1-FS3)

AN

Measure Type	Measure Name	Desired Position	25th Percentile	50th Percentile	75th Percentile	90th Percentile	QIP Score	RI Score	Points Earned	Potential Points
Clinical	Asthma Medication Ratio	≥	59.89	64.78	70.67	75.32	100	N/A	7	7
	Breast Cancer Screening	≥	48.07	53.93	58.7	63.77	73.47	22.31	7	7
	Cervical Cancer Screening	≥	51.8	59.12	63.66	67.99	72.14	13.72	7	7
	Child and Adolescent Well Care Visits	≥	39.41	45.31	53.83	61.97	65.5	23.54	10	10
	Childhood Immunization Status CIS 10	≥	31.87	38.2	45.5	53.66	46.67	20.01	7	7
	Colorectal Cancer Screening	≥	32.8	40.23	47.79	57.56	53.13	18.46	6	6
	Controlling High Blood Pressure	≥	50.61	55.35	62.53	66.79	69.35	11.87	7	7
	Diabetes - HbA1C Good Control	≥	48.1	56.81	61.63	65.94	65	-19.01	7	7
	Immunization for Adolescents IMA 2	≥	30.9	36.74	43.55	50.61	62.5	27.49	7	7
	Well Child First 15 Months	≥	44.99	54.92	61.25	68.33	75	N/A	10	10
Grand Total									75	75

Measure Type	Measure Group	Measure Name	Desired Position	Partial Points Target	Full Points Target	QIP Score	Points Earned	Potential Points
Non-Clinical	Access & Operations – Primary Care Utilization	Avoidable ED/1000	≤	11.44	9.18	7.67	5	5
		RAR_Readmission	≤	1.2	0.99	0	5	5
	Appropriate Use of Resources	ACS Admissions	≤	8.56	6.88	8.7	0	5
	Patient Experience	CAHPS or Survey Option	≥	N/A	N/A	0	8	10
Grand Total							18	25

Total Quality Improvement Unadjusted Points Earned/Potential Points	93	100.0
---	----	-------

Quality Improvement Program Funds Distribution

Total Quality Improvement Points (Unadj. Pts. Earned/Adj. Max Points Possible x 100): 93.00
Adj. Max Points Possible: 100.0

(a.) Total Calendar Year Member Months

(b.) Adjusted Points Earned

(c.) Budgeted QIP PMPM + CHDP PMPM (if Applicable)

Total QIP Core Measurement Set Payment Due (a x b x c / 100) \$1

Optional Unit of Service Measures

Advanced Care Planning - Attestations	\$0.00
Blood Lead Screening	\$0.00
Dental Fluoride Varnish	\$0.00
ECDS	\$0.00
Health Equity	\$0.00
Health Information Exchange	\$0.00
Initial Health Assessment	\$0.00
LessPrev_Paid	
PCMH Certification	
Peer-led Self Mgmt. Support Groups	
POLST/AD	
Tobacco Use Screening	

Total Unit of Service Measures \$

Deduction for Previously Paid Amount \$

Total Core Measurement Set + Total Unit of Service + FQHC CHDP \$

Final Statement (FS1-FS3)

AN

Home | QIP Stoplight | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical | **FS1** | FS2 | FS3

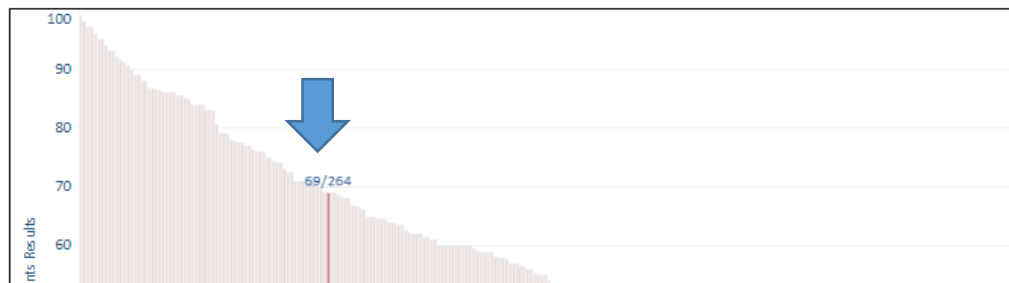
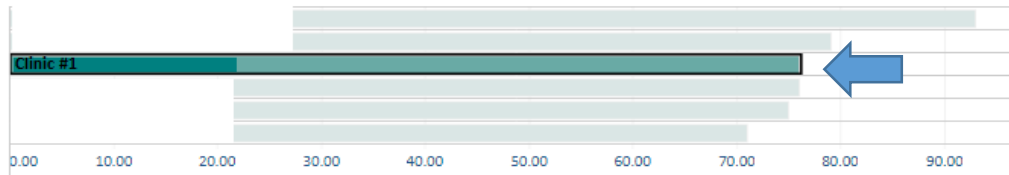


Partnership Health Plan
PCP Quality Improvement Program Statement
Final Report
Adjusted Points Earned
All Sites by Ranking

Measurement Year

CV2022

-Bar chart below shows your organization's provider score comparison, click a provider to highlight its rank planwide.



Bar Chart shows your organization's provider score comparison. Click on applicable site to highlight its rank planwide. Ranking will display in the second graph below

eReports and Partnership Quality Dashboard (PQD) Comparison

AN

	eReports	PQD
Real-Time Data Monitoring	Yes	No
Historical Data Monitoring	No	Yes
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Twice a week (Tues & Thurs)	Monthly
Target User(s)	QI Teams	Executive/QI Leadership Teams

Home

My QIP Scores

QIP Measure Report

QIP Member Report

Member Search

Upload QIP Data

Weekly Count Report

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eAdmin

Diagnosis Crosswalk

QIP Specification Manual

Templates

PHC Internal User Menu

Partnership Quality
DashBoard

Preventive Care Reports

FAQ

Help

HELP:

Please click [here](#) for the eReports User Manual

Please click [here](#) for the PQD User Manual

Please click [here](#) for ECDS ADD Template

Please click [here](#) for ECDS Alcohol Screening (ASF) template

Please click [here](#) for ECDS Breast Cancer Screening (BCS) template

Please click [here](#) for ECDS Depression Screening (DEP) template

Please click [here](#) for ECDS Value Sets

Visit the [PCP Quality Improvement Program \(QIP\) Web Page](#)

For all questions related to the QIP, please email QIP@partnershiphp.org

Questions

AN

Please feel free to contact PHC's QIP Team at:
QIP@PartnershipHP.org

