Partnership Quality Dashboard (PQD) QIP Provider User Guide

Updated: 3/24/2023

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Introduction

The Partnership Quality Dashboard (PQD) is a Tableau dashboard that is integrated into eReports and designed to visualize Primary Care Provider Quality Incentive Program (PCP QIP) data. PQD dashboards are designed to inform, prioritize, and evaluate quality improvement efforts. Dashboards and performance metrics built into the PQD provide the ability to track and trend QIP data. Performance data in PQD can be rolled up, in executive summary views and drilled-down to the patient demographic level. We hope you find the PQD actionable, informative, and supportive in pursuit of your QI goals. If you have any questions or feedback, please contact the PCP QIP Team.

Log In

Login to PQD by clicking the PQD link in eReports. This link is located on the menu bar on the left side of your screen:
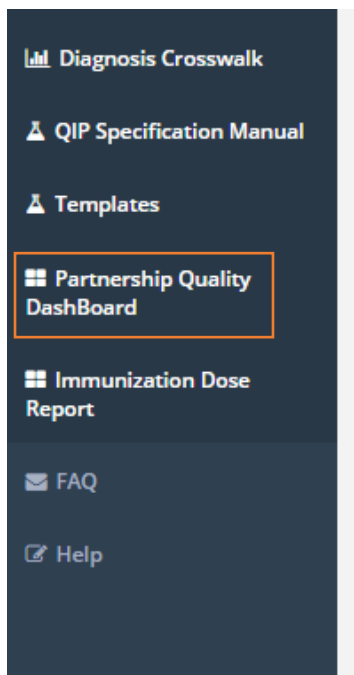
Data Refresh Schedule

PQD measurement year data will update monthly on the 10th of each month. Occasionally there may be delays to the monthly PQD refresh. The QIP Team will communicate timely updates to the provider network about the expected date of refresh.
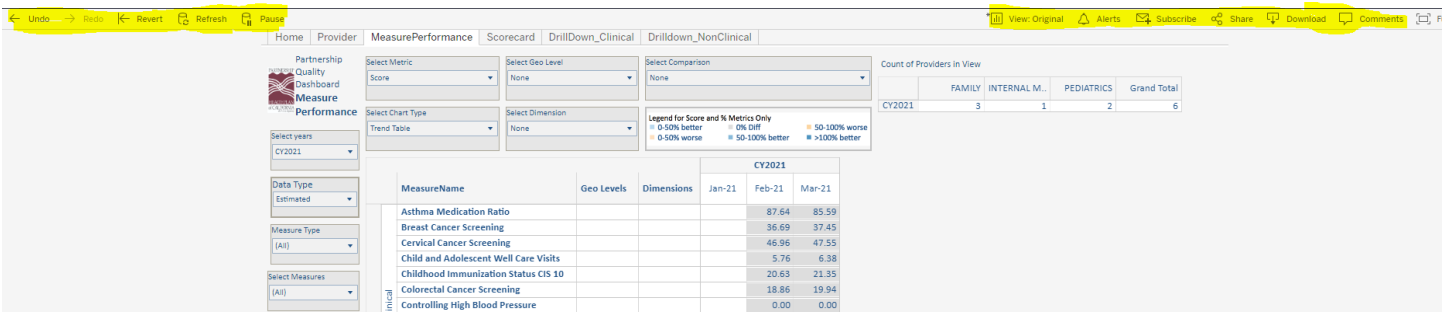
Compatible Web Browsers

The PQD functions in these browsers:

- Chrome on Windows, Mac, and Android 4.4 or later
- Apple Safari on Mac and iOS 8.x or later
- Internet Explorer 11 or newer
- Mozilla Firefox 3.x or later on Windows and Mac

General Navigation Tips

The Tableau menu bar offers users the ability to interact with the data in a variety of ways.

- Click ← Undo if you want to undo a single previous action, such as selecting a filter.

- Click ← Revert to clear all filters and revert back to the starting/default point.

- Refresh Pause These two buttons are not applicable in navigating the dashboard and can be ignored.

- If you have a preferred view with filters applied, use View: Original and name and save your view. You can select this from your list of views without having to re-apply filters next time you visit PQD.

- Hovering over certain data points in any dashboard will display a pop-up tool tip displaying more detailed information about the data.

Downloading Instructions

Tableau offers several formats to export visualizations and supporting data from PQD.

- Use the download Download button from the Tableau menu bar. Select a format option:
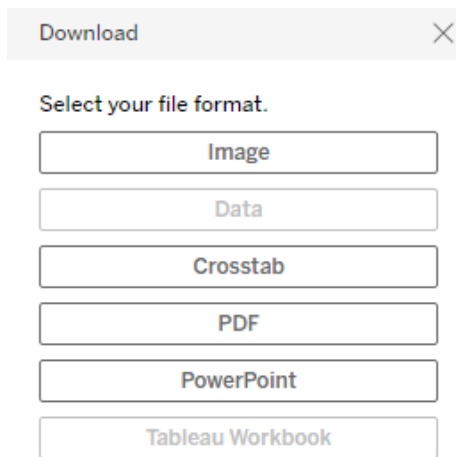
If the option is grayed-out, this format is not available for this dashboard.

- Data vs. Crosstab format. Both options export to Excel or CSV; however, the Crosstab format is the export of the data in the table view only whereas the Data format contains full data with all underlying filter and parameter options. PQD has multiple dashboards built into each view, so upon download you will need to select which sheet you need.

If you actively select the header of the chart you want underlying data for, before clicking download, the sheet will be selected for you.

- Download PDF or Power Point

Download PDF or Power Point is a great way to download multiple dashboard views at once into a single document.

Use the option "Specific sheets from this workbook" and select all or specific dashboards to export.

You will want to do this after you have populated the dashboard with your preferred filters.

- Downloading the Tableau workbook is not available. Please contact the QIP team with any questions.

Contact Us

For technical assistance or questions about the PQD, please contact the QIP team at QIP@partnershiphp.org

PQD Dashboards

Home Dashboard

The Home Dashboard summarizes QIP performance at the parent organization (PO) level. This dashboard provides a summary of performance across of all primary care sites in the parent organization that are participating the PCP QIP. Individual site performance is broken out in Provider Score.

| Home | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical |

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.

MENU

1

Status	ESTIMATED
Refresh Date	Feb-21
Members	31,150
Claims Timeliness	90.06% (Good) (26,127/29,010)

|Payout Status
Your organization has earned 20.42% of your Total Possible QIP $.

Total QIP $ Earned: **$705,517**
Total Remaining QIP $: **$2,749,227**

2

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

3

Measure Type	Measure	PO Score	PO Partial Points NNT	PO Full Points NNT	PO QIP $ Earned	PO Remaining QIP $		
Clinical	Asthma Medication Ratio	87.64	0	0	$300,214	$0	26	83
	Breast Cancer Screening	36.69	384	449	$0	$229,288	43	100
	Cervical Cancer Screening	46.96	961	1339	$0	$229,288	32	102
	Childhood Immunization Status CIS 10	20.63	60	138	$0	$292,776	31	75
	Colorectal Cancer Screening	18.87	1008	1206	$0	$197,595	82	01
	Controlling High Blood Pressure	0.00	964	1057	$0	$229,288	29	98
	Diabetes - HbA1C Good Control	14.32	460	522	$0	$229,288	28	101
	Immunization for Adolescents IMA 2	28.65	29	82	$53,195	$239,581	23	79
	Well Child First 15 Months	10.56	348	372	$0	$390,809	32	73
Non-Clinical	ACS_ADMISSION	7.60	N/A	N/A	$91,781	$69,658	71	104
	Avoidable ED/1000	5.91	N/A	N/A	$190,992	$2,035		102
	RAR_READMISSION	1.81	N/A	N/A	$69,335	$92,104		98
Monitoring	Diabetes - Retinal Eye exam	5.44	N/A	N/A	$0	$0	63	101
	PCP Office Visits	1.61	N/A	N/A	$0	$0	40	113

You have earned 20.04% of your possible points. The Planwide Average to date is 24.65% giving you an Overall Rank of 71 out of 113 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20

71   113

Bottom 20

|Provider Score

Provider A (1234)
Provider B (2345)
Provider C (3456)
Provider D (5678)
Provider E (4567)
Provider F (2356)

4

28.89
25.00
23.33
18.89
13.33
0.00

Instructions for each quadrant on next page.

1

Status ESTIMATED

Refresh Date Feb-21

Members 31,150

Claims Timeliness 90.06% (Good) (26,127/29,010)

|Payout Status
Your organization has earned **20.42%** of your Total Possible QIP $.

Total QIP $ Earned: *$705,517*
Total Remaining QIP $: *$2,749,227*
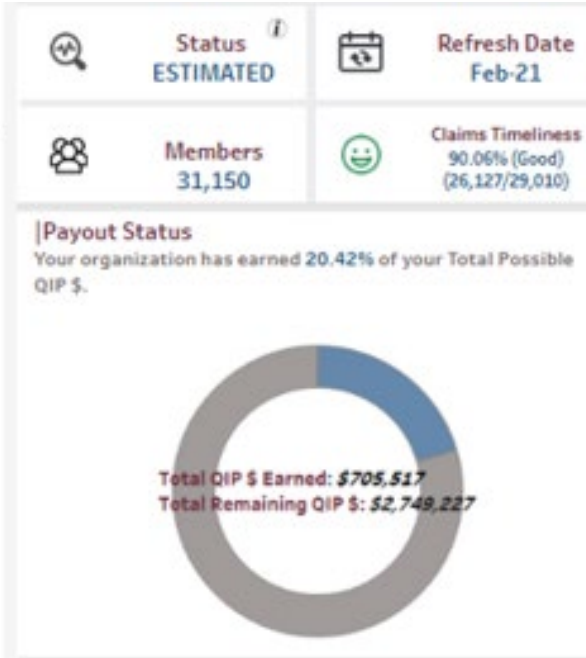
Status: Estimated or Final. If the current measurement year is selected, status will be estimated until QIP payment is finalized after the year end. Data displayed is not a guarantee of payment.

Refresh Date: The date of the most recent QIP measurement month captured.

Members: This is the total assigned monthly snapshot of PHC membership for your parent organization. Does not include Medi-Medi or dual-insured members.

Claims Timeliness: The percentage of total submitted claims during the year that are received within 90 days of the service date. Hover over the claims timeliness graphic to display a status legend:

Payout Status: This chart displays dollars currently earned as a proportion of the total available QIP payment if full points are earned, rolled up at the parent organization level. Hovering on the chart, a tool tip chart pops up showing the individual site dollars earned/remaining distribution.
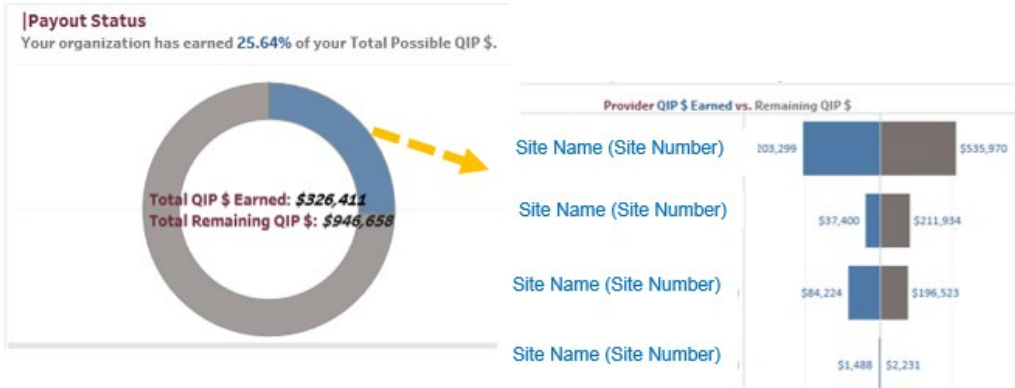
Claims Timeliness
90.90% (Good)
(17,574/19,444)

7% of you

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

|Payout Status
Your organization has earned **25.64%** of your Total Possible QIP $.

Total QIP $ Earned: *$326,411*
Total Remaining QIP $: *$946,658*

Provider QIP $ Earned vs. Remaining QIP $

Site Name (Site Number)   203,299 $535,970
Site Name (Site Number) $37,400 $211,934
Site Name (Site Number) $84,224 $196,523
Site Name (Site Number) $1,488 $2,231

5

You have earned 20.04% of your possible points. The Planwide Average to date is 24.65% giving you an Overall Rank of 71 out of 113 parent organizations. Click "Top 20" or "Bottom 20" to view unblinded PO performance.

Top 20

71   *113*

Bottom 20

2

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

Click the **Top and Bottom 20** boxes to see an un-blinded list of the top and bottom performers.

QIP measure performance is sub-divided by **Clinical and Non-Clinical measures**. **Monitoring measures** that are not part of the QIP measure set for the selected year are also shown, with points displayed as N/A.

PO Score is aggregated for all provider sites in the organization as the sum of the numerator / sum of the denominator.

NNT = number needed to treat; or the number of members still needed in the numerator to meet the identified points percentage.

PO Dollars earned and remaining dollars are calculated by aggregating payout dollars at the site level. These dollars are estimated using QIP's payment calculation until data is marked as Final.

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- QIP data is updated monthly on the 10th in PQD.
- Please reach out to PQD team (PQD@partnershiphp.org) for any questions.

MENU

3 Menu details on next page.

| **Your Organization Name**

| Parent Organization (PO) Executive QIP Measure Summary

Measure Type	Measure	PO Score	PO Partial Points NNT	PO Full Points NNT	PO QIP $ Earned	PO Remaining QIP $		
Clinical	Asthma Medication Ratio	87.64	0	0	$300,214	$0	26	83
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	Childhood Immunization Status CIS 10	20.63	60	138	$0	$292,776	31	75
	Colorectal Cancer Screening	18.87	1008	1206	$0	$197,595	82	01
	Controlling High Blood Pressure	0.00	964	1057	$0	$229,288	29	98
	Diabetes - HbA1C Good Control	14.32	460	522	$0	$229,288	28	101
	Immunization for Adolescents IMA 2	28.65	29	82	$53,195	$239,581	23	79
	Well Child First 15 Months	10.56	348	372	$0	$390,809	32	73
Non-Clinical	ACS_ADMISSION	7.60	N/A	N/A	$91,781	$69,658	71	104
	Avoidable ED/1000	5.91	N/A	N/A	$190,992	$2,035		102
	RAR_READMISSION	1.81	N/A	N/A	$69,335	$92,104		98
Monitoring	Diabetes - Retinal Eye exam	5.44	N/A	N/A	$0	$0	63	101
	PCP Office Visits	1.61	N/A	N/A	$0	$0	40	113

Rank by measure is shown at the parent organization level against all parent organizations reporting on the measure in the QIP.

6

Provider Score
Provider A (1234)
Provider B (2345)
Provider C (3456)
Provider D (5678)
Provider E (4567)
Provider F (2356)

Planwide Avg: 24.65

4

This chart breaks out site's scores ranked against the QIP network plan-wide weighted average.

Hover over the red vertical bar to see the plan-wide weighted average QIP score.

Untimely Claims and Patient Satisfaction Reports

The Menu Icon on the Home dashboard allows you to select measurement year, access Untimely Claims Drill-down, and Patient Experience Scores.

at integrates many sources of quality performance
taff to prioritize, inform and evaluate quality

on the 10th in PQD.
n (POD@partnershiphp.org) for any questions.

Measurement Year
CY2021

Patient satisfaction

Clicking the menu icon opens two additional menu icons; **Patient Satisfaction** and **Untimely Claims**.

Click the menu icon again to close menu and read the report.

Summary

PO Partial Points NNT	PO Full Points NNT	PO QIP $ Earned	PO QI
0	0	$300,214	$0
384	449	$0	$2
961	1339	$0	$2
N/A	7839	$0	$3
60	138	$0	$292,776

Untimely Claims Drill-Down

Untimely Claims Drill Down Report

Provider Name/ID	Claim Id	Mbr CIN	Member Name	Date Of Service	Received Date	Claim Lag Days
				11/6/2019	3/13/2020	128
				11/6/2019	3/13/2020	128
				12/13/2019	3/13/2020	91
				11/27/2019	3/13/2020	107
				3/7/2019	3/13/2020	372
				12/4/2019	3/13/2020	100
				9/23/2019	1/2/2020	101
				7/26/2019	1/2/2020	160
				2/13/2019	1/2/2020	323
				9/9/2019	1/2/2020	115
				1/7/2019	1/2/2020	360
				6/18/2019	1/2/2020	198
				8/15/2019	1/2/2020	140
				8/29/2019	1/2/2020	126
				3/25/2019	1/2/2020	283
				6/7/2019	1/2/2020	209
				12/18/2018	1/2/2020	380

Site Name, Claim ID, Member CIN # and Member Name will be displayed here

How to download "Crosstab"
1. Click in pop-up window area
2. Click on [Download] icon on ribbon bar
3. Save/open file in "Downloads" folder

View: Original | Alerts | Subscribe | Share | Download | Comments | Full Screen

CIN
9E##62G8

Download workaround for Member CIN Number. Members with letter "E" in their Client ID Number (CIN) show up with scientific notation formatting when downloading report.

This is due to auto-formatting in some versions of Excel. To resolve this, open a new workbook and import the download immunization report as a text file.

1. Select the Data tab from the ribbon
2. Select 'From Text' under Get External Data menu
3. Locate your report from the folder it was downloaded to. Click import.
4. Use the Import Wizard to import the file
   Step 1. Delimited data type (Next)
   Step 2. Tab delimited check (Next)
   Step 3. Highlight the column for CIN and change the column data format to Text (Finish, OK)

Patient Satisfaction

Patient Experience CG-CAHPS Score Comparison
CG CAHPS and Survey Option was Suspended in CY2020 - No Data Available

Measurement Year
CY2019

CAHPS Category
Adult Access

In CY2019, your organization is eligible for Patient Experience-CG CAHPS. Adult CAHPS: 5 points, Child higher points score - Adult or Child - will be used for QIP points earned across all site(s) within your org

Click your PO name below to highlight your rank position/View historical performance in tooltip

Measurement Year
CY2021

Patient satisfaction

Tip: Click the menu icon again to close the menu box.

Click the Patient satisfaction icon again to close the report.

Planwide Adult Access Score CY2019

NORTHEAST   NORTHW..   SOUTHEAST   SOUTHWEST

Full Target
Partial Target

Score

0.60
0.40
0.20
0.00

If the organization participated in CG CAHPS or the QIP Survey Option you can view your performance by selecting the patient experience icon under the Home Page menu. If the organization was eligible for the GG CAHPS option, measure points will be displayed in red text. Select Adult or Child Access or Communication to view regional ranking.

If the organization participated in the survey option scores will also be displayed in the text field under the Home Page menu. Providers not eligible for CG CAHPs can still see un-blinded CAHPS performance ranking.

Provider Dashboard

The Provider Summary dashboard summarizes performance by individual provider site. View QIP dollars earned and remaining at the measure level.

Home | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical

|Partnership HealthPlan of California
|Quality Dashboard

|Provider Summary|

Click the menu icon and select a provider site to display the performance summary dashboard.

Status	Refresh Date	Organization: None
ESTIMATED	Feb-21	Provider: None
Members 483	Timeliness 90.06% (Good) (26,127/29,010)	Practice Type: None

1

2020-2021 Measure Strategy Timeline
Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance.

2

|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.

SelectRanking   Planwide

Performance Summary

Measures are divided into **Clinical, Non-Clinical,** and **Monitoring** 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.

3

SelectRanking   Planwide

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 $			
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	78.57	N/A	N/A	63.58	0	15	15	$23,556	$23,556	$0	49		234
		Controlling High Blood Pressure	63.16	N/A	N/A	61.04	0	15	15	$23,556	$23,556	$0	112		230
		Diabetes - HbA1C Good Control	70.45	N/A	N/A	50.97	0	12.5	12.5	$19,630	$19,630	$0	51		227
	Preventative Screening	Childhood Immunization Statu..	16.28	N/A	N/A	34.79	8	0	15	$0	$23,556	$23,556	96	169	
		Colorectal Cancer Screening	52.07	N/A	N/A	32.24	0	12.5	12.5	$19,630	$19,630	$0	42		235
	Utilization	Well Child First 15 Months	80.77	N/A	N/A	65.83	0	15	15	$23,556	$23,556	$0	22	163	
Non-Clinical	Primary Care ..	PCP Office Visits	3.02	N/A	N/A	1.65	N/A	15	15	$23,556	$23,556	$0	45		267
Monitoring		ACS_ADMISSION	6.90	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	142		240
	Chronic Dise..	Diabetes – Retinal Eye exam	50.00	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	50		227
	Preventative Screening	Breast Cancer Screening	59.65	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	64		229
		Cervical Cancer Screening	69.26	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	47		238
		Immunization for Adolescents ..	3.23	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	133	182	
	Primary Care ..	Avoidable ED/1000	18.63	N/A	N/A	N/A	N/A	0	0	$0	$0	$0		240	267
	Utilization	Adolescent Well Care	41.29	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	32	199	
		Well Child 3-6 Years	57.80	N/A	N/A	N/A	N/A	0	0	$0	$0	$0	69	184	
Grand Total								85	100	$133,481	$157,037	$23,556	26	267	

Status ⓘ
ESTIMATED

Refresh Date
Feb-21

Members
483

Timeliness
90.06% (Good)
(26,127/29,010)

1

Status: all displayed data in current year is estimated until year-end payment is finalized.

Refresh Date: Displays month of most recent data capture.

Members: Displays number of members assigned to the provider site for the selected. Hover over the trend icon to display a member-months trend chart.

Timeliness: Displays percent of timely claims. Hover over the claims timeliness graphic to display a status legend.

Monthly Denom
1,525
YTD Member Months
16,977

Hover over **Members trend icon** to see monthly and year to date member months.

2020-2021 Measure Strategy Timeline
Click the icon to see a suggested timeline developed by PHC's Chief Medical Officer for addressing measures and maximizing QIP performance

2

Timeline for addr...

| 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

- Childhood Immunization Status (0-2 yrs)
- Well-Infant Visits (0-15 months)
- Asthma Medication Ratio
- Controlling High Blood Pressure (18-85 yrs)
- Diabetes Management: HbA1C good control (18-75 yrs)
- Child (Turning 3-11 yrs) and Adolescent Well Care (12-17 yrs) Visits***

- Breast Cancer Screening (50-74 yrs)
- Cervical Cancer Screening (21-64 yrs)
- Colorectal Cancer Screening (51-75 yrs)
- Adolescent Immunization (10-12 yrs)

Annual Measures

Multi-year Measures

- Well-Infant Visits (0-15 months)

Schedule those with Jan-March birthdays:
- Childhood Immunization Status (0-2 yrs)
- Adolescent Immunization (Turning 13 yrs)

Final push to close gaps in annual measures
- Controlling High Blood Pressure (18-85 yrs) (eReports available in Q4)
- Diabetes Management: HbA1C good control (18-75 yrs)
- Well-Child and Well-Adolescent Visits (3-17 yrs)

Early Measures

Diabetes Management: Retinal Eye Exams (18-75 yrs)

January 17-31

Enter missing data in eReports system for prior year

*** Should include counseling for Nutrition and Physical Activity for Children/Adolescents.

Rev. 12092020

Click the chart icon for the Measure Strategy timeline graphic.

11
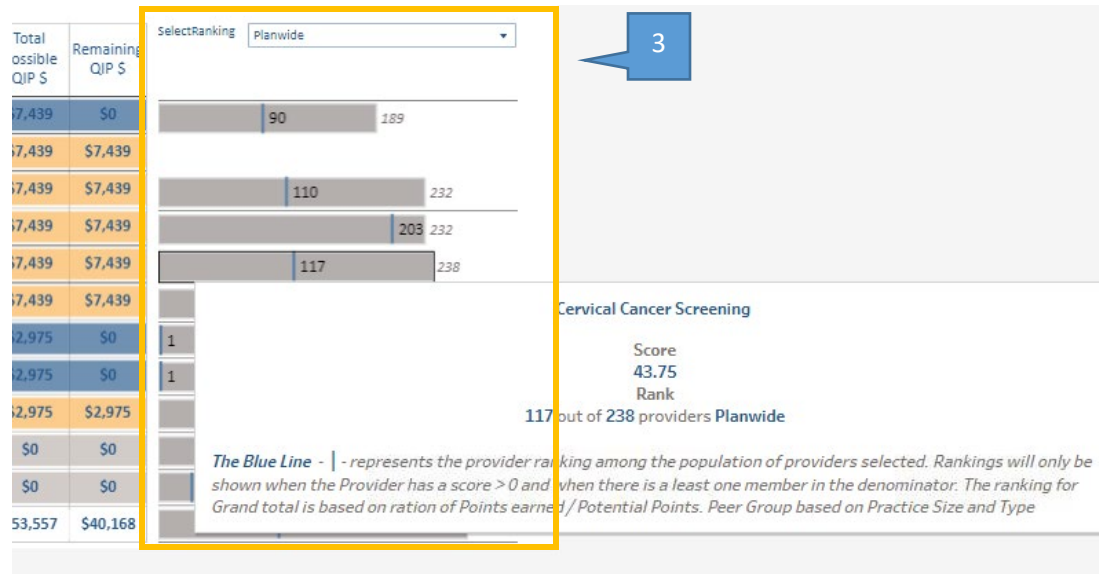
View provider rank by measure in this view. Use the filter to view your measure performance rank against:

- Plan-wide performance
- Regional performance (PHC's Northern or Southern Region)
- PHC Sub-region (Northeast, Northwest, Southeast, Southwest)
- County
- Practice Type (Family, Internal, Pediatric)
- Peer Group (practice size and type)

Hover over the blue link in the ranking bar chart for a tool tip with more details.

The Blue Line - | - *represents the provider ranking among the population of providers selected. Rankings will only be shown when the Provider has a score > 0 and when there is a least one member in the denominator. The ranking for Grand total is based on ration of Points earned / Potential Points. Peer Group based on Practice Size and Type*

Cervical Cancer Screening

Score
43.75
Rank
117 out of 238 providers **Planwide**

Additional Provider Menu Features:

Hover over the *info* icon for a more detailed description of the dollars earned/dollars remaining definitions and the QIP payout calculation logic that is displayed in PQD.

Click the **document icon** for a hyperlink to the online version of the **QIP Measure Specifications**.

ALL PRACTICE TYPES

Primary Care Provider

Quality Improvement Program (PCP QIP)
Website Specifications

Provider Summary Dashboard

This dashboard provides a snapshot of an individual provider.

Note: The following columns are based on estimates of PCP QIP Incentive dollars your site has earned, could earn or is the possible remaining amount your site could earn (for the current Measurement Year) based on 3 factors: your current performance in clinical and non-clinical measures in the PCP QIP; an assumption that your site's member months will continue averaging the same amount through the end of the measurement year; an assumption that the budgeted PMPM rate we receive from the state will be the final rate we receive (note: the rate is not final until after the end of the current Measurement Year and will be based on overall PHC performance on quality metrics in the Managed Care Accountability Set). These figures assume your site also meets other eligibility criteria explained in the PCP QIP Specifications online at: http://www.partnershiphp.org/Providers/Quality/Pages/Introduction-to-PCP-QIP-Current-Year.aspx. When looking at previous Measurement Years (after final payments have been distributed), the amounts are fixed and based on actual amounts – not estimates.

QIP $ Earned: The QIP $ displayed in this column for the current measurement year is an estimate (see factors above) of how many PCP QIP Incentive dollars your site has earned thus far this Measurement Year. For prior years, this is what was actually earned – not an estimate.

Total Possible QIP $: The QIP $ displayed in this column for the current measurement year is an estimate (see factors above) of how many PCP QIP Incentive dollars your site could earn if it achieved full points for this Measurement Year. For prior years, this is the actual potential a provider could have earned – not an estimate.

Remaining QIP $: The QIP $ displayed in this column is an estimate (see factors above) of how many PCP QIP Incentive dollars your site has remaining to earn if it achieved full points for this Measurement Year (i.e. "Total Possible QIP $" – "QIP $ Earned"). For prior years, this is the different between the "Total Possible QIP $" and "QIP $ Earned" – however, it is not an estimate.
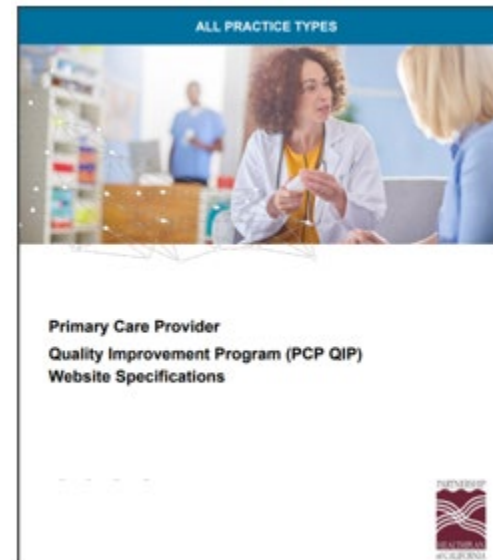
Measure Performance Dashboard

The measure performance dashboard displays measure performance trending for current or multiple measurement years, view performance in a table or trend chart, compare against regional performance, or stratify by member demographic variables.
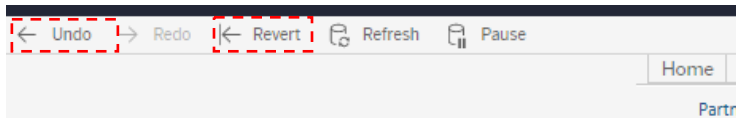
Tip: Use **Revert** on the upper left menu bar to clear all filters selected in this view. Use **Undo** to clear a single click.

Select one or multiple measurement years.

County filter is only applicable if your organization spans multiple counties.

Performance is summarized for all sites in your organization unless a unique provider(s) is selected.

Member demographic filters.

The Ethnicity filter now features **all** expanded ethnicity options from the Membership Data.

Hover on Get Info for additional details.

Use filters on the left menu of this dashboard to refine the data. Use filters on the top to change parameters and stratify the data.

Select Metric: Default is measure score. Change this to view # of members in measure denominator (Members in Measure) or another calculated parameter.

Select Geo-level: If your organization crosses counties or region, or break out measure performance by individual provider site.

Select Dimension: break out measure performance by any of the filter selections including demographic data. Aid Category is based on membership Aid Code data received from DHCS.

Select Chart Type: change the view from table to trend or trend with clinical measure benchmarks.

Select Comparison: Score must be selected from Select Metric. Performance will be color coded against selected metric in the chart type – table view or shown against a trend chart in the Trend line chart view.

The Ethnicity filter now features **all** expanded ethnicity options from the Membership Data.

Scorecard Dashboard

The Scorecard displays the proportion of sites earning full or partial points, at the organization level or broken out by site.

Partnership HEALTHPLAN of CALIFORNIA

Select Dimension (Columns)		Count of Providers in Selected View				
Parent Organization ▼		Measurement Year	FAMILY	INTERNAL MEDICINE	PEDIATRICS	Total
		CY2021	7	5	3	15

Legend: ■ Full ■ Partial ■ No Points

Legend on top right shows color coding for pie charts.

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 each categorical value in the dimension. Metric Selection option is disabled in this view. Click on a Data point to see Provider List.

Measurement Year
CY2021 ▼

Measure
(All) ▼

County

Parent Organization

Provider Name
(All) ▼

Practice Size
0 ▼

Practice Type
(All) ▼

Points Received
(All) ▼

			CY2021 Mar-21
Clinical	Chronic Disease Mgmt	Asthma Medication Ratio	○
		Controlling High Blood Pressure	○
		Diabetes - HbA1C Good Control	○
	Child and Adolescent Well ...	Child and Adolescent Well Care Visits	○
	Preventative Screening	Breast Cancer Screening	○
		Cervical Cancer Screening	○
		Childhood Immunization Status CIS 10	◐
		Colorectal Cancer Screening	○
		Immunization for Adolescents IMA 2	○
		Nutrition Counseling	○
		Physical Activity Counseling	○
	Utilization	Well Child First 15 Months	○
Non-Clinical		ACS_ADMISSION	◐
	Primary Care Utilization	Avoidable ED/1000	●
	RAR_READMISSI...	RAR_READMISSION	◐

Avoidable ED/1000
Mar-21

Provider Name	Avoidable ED/1000 Mar-21
Provider A (12345)	
	4
Provider B (23456)	
Provider C (34567)	0
Provider D (6789)	
Provider E (1245)	
Provider F (34789)	
Provider G (2568)	

Click into any measure to display a new chart, showing the points earned at the provider level for that measure.

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Drill Down – Clinical

This dashboard appears blank until a specific site is selected from the Provider Name filter.

PARTNERSHIP
HEALTHPLAN
of CALIFORNIA

|Partnership HealthPlan of California
|Quality Dashboard

|Member Drilldown Clinical|

Measurement Ye...
CY2020

Refresh Date: Apr-20
Provider Name:
Measure Name: Asthma Medication Ratio
Numerator: 1,152
Denominator: 1,632
Score: 70.6

Provider Name
..

Measure Name
Asthma Me...

			Elig Date	
Provider Name	Member Name	CIN	Mar-20	Apr-20
				●
			●	●

Member Name
carmen ✕

Compliant
Non-Compliant

Download member reports for a given month by clicking into the column header, and then selecting the Download option from the menu at the top of the dashboard.

Search any alphabetic string to pull up member status by name.

Click X to clear the filter and see the full list of members.

Dots display the month(s) a member was in the measure denominator and if they were in compliant or not.

Drill Down – Non-Clinical

Measure name headers operate as independent dashboards to provide detailed member reports for Non-clinical measures.

Important notes about this dashboard:

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

| LandingPage_Internal | Home | Provider | MeasurePerformance | Scorecard | DrillDown_Clinical | Drilldown_NonClinical |

PARTNERSHIP
|Partnership HealthPlan of California
|Quality Dashboard

|Member Drilldown Non-clinical|

How to get started:
1. Click on the measure name (red box) THEN, Click one or more Provider Name(s) from the Provider name dropdown.
2. Risk Adjusted Readmission (ONLY). Settings for Select View (Provider Summary (default setting)) and Provider Name filters to view:
   a. Observed/Expected Ratio: Provider Summary AND select one or more Provider Name(s) b. Member Drilldown AND Select one or more Provider Name(s).
3. To view another measure drilldown: Re-click the measure name (blue box) OR the Revert button upper left corner AND return to step 1 or 2 above.

| **Avoidable ED Visits** | **Ambulatory Care Sensitive Admissions** | **Risk Adjusted Readmissions** | **Office Visits (Monitoring)** |

Arrows indicate a report header is blue when open and red when closed.

Avoidable ED, ACS Admissions, Office Visits Reports

These dashboards have similar search filters and provide drill-down report functionality to give you the member data

Partnership HealthPlan of California
Quality Dashboard

Drilldown Instructions:
- Single click any of the measure names below to open/cl... ... e click the current measure drilldown tab to close it.
- Risk Adjusted Readmissions has two views: 1) Start wi... ... l and expected ratio 3) Switch to Member Drilldown to view readmission details

Avoidable ED Visits	Amb...	...eadmissions	Office Visits (Monitoring)

Measurement Year	Provider Name	...	Diagnosis Search	Secondary Diagnosis Search
CY2021				

Provider Name: \
Total Avoidable ED: *14*

Age

Admit Dt	CIN	Member Name		Diag2	Diag2 Desc

Download ✕

Select your file format.

Image
Data
Crosstab
PDF
PowerPoint
Tableau Workbook

Export non-clinical reports using any format.

Download Crosstab ✕

Select a sheet from this dashboard

☑ [chart icon]

Drilldown_ED ...

Select Format

◉ Excel   ○ CSV

Download

If exporting as crosstab, only the open non-clinical report will be available to export at one time.

See section on downloading instructions for more details.

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Risk Adjusted Readmissions (RAR)

The RAR report has two view options: summarized at the provider-level, or member-drilldown data.

RAR - Provider Summary

- First select a Provider Name. This shows the Provider Summary view.

Avoidable ED Visits	Ambulatory Care Sensitive Admissions	**Risk Adjusted Readmissions**	Office Visits (Monitoring)

Select View	Measurement Year	Provider Name	Search for CIN	Search for Member Name
Provider Summary ▼	CY2021 ▼	▼		

PCP Name	Index Hospital Stays	30-day Readmissions	Estimated_Readmission_Risk	Observed_Readm_Rate	Expected_Readm_Rate	Observed/Expected Ratio
	6	2	0.52	0.333	0.087	3.846

- The provider summary view is selected here. This report shows important data points used for the measure calculation. Refer to the PCP QIP measure specifications document for more detailed information about the Risk Adjusted Readmissions data.

- Use Select View to switch to the Member Drilldown report. A provider name must be selected on the summary view before switching to member drilldown.

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RAR - Member Drilldown

Avoidable ED Visits	Ambulatory Care Sensitive Admissions	**Risk Adjusted Readmissions**	Office Visits (Monitoring)

Select View
Member Drilldown ▼

Measurement Year
CY2021 ▼

Provider Name
(All) ▼

Search for CIN

Search for Member Name

PCP Name	Admit Dt	CIN	Member Name	Age at Admit	Gender	Hospital Name	Discharge Dt	30-day Readmissions	Estimated_Readmission_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

Column headers and filters for the RAR member drilldown are similar to other Non-Clinical member reports.

30-day Readmissions: 1 or 0 is an indicator to show if there are any readmissions within 30 days of this admission date.

Estimated Readmission Risk: Unique to the member and used in the Expected 30 day Readmission risk calculation. Applies risk-adjustment weighting.

Readmission Days: Days between the current admission and the Index admission date. This will be Null if the current admission is the first one.

FAQ

1. Q: My score in eReports does not match my score displayed in PQD.

   A: eReports is refreshed bi-weekly and displays data that may have been recently refreshed in eReports after the monthly data capture for PQD. Data displayed in PQD is refreshed monthly on the 10th.

2. Q: What is the difference between eReports and PQD?

   A. eReports is the tool you should continue to use to upload dates of service and displaying up-to-date performance rates for the current measurement year. PQD allows you to visualize your performance data, compare performance year to year and stratify your data by various metrics.

   eReports answers questions like:

   - How am I doing, right now?
   - Who is still due for a numerator compliant service, right now?
   - What numerator compliant data needs to be uploaded, right now?
     - **PQD answers the following questions:**
   - How was I doing last month or in previous measurement years?
   - What are my estimated points to date?
   - How does my organization compare plan-wide or against specific peers?
   - How are different demographic groups performing by measure?
   - How am I performing on non-clinical measures?

   Key Differences:

	eReports	PQD
Real Time Data Monitoring	Yes	No
Historical Data Monitoring	No	Yes
Accepts Uploaded Data	Yes	No
Data Refresh Schedule	Bi-Weekly	Monthly
Target User(s)	QI Staff	QI Staff / Executive / Leadership Teams