Partnership Quality Dashboard (PQD) QIP Provider User Guide

Updated: 7/31/2024

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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:
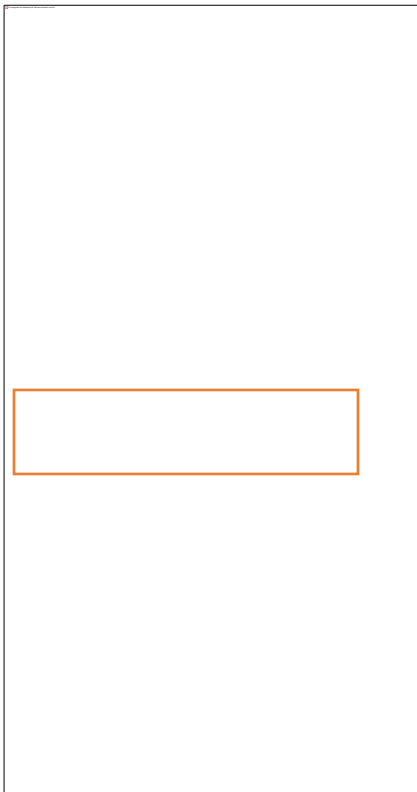
Data Refresh Schedule

PQD measurement year data will update monthly on the 10th of each month. Note: There is a one month data lag in PQD (Example: On June 10th, May's data will become available). If there are any known or anticipated delays to the PQD data refresh, the QIP Team will provide timely communication to the provider network.
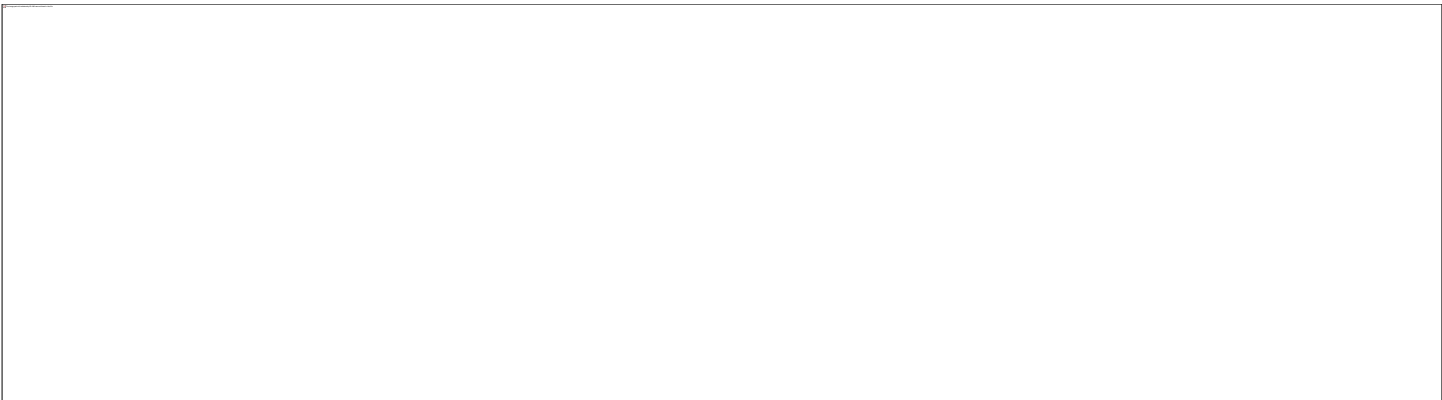
Compatible Web Browsers

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 ⬜ to undo your last action.

- Click ⬜ to reset view

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

- If you have a preferred view with filters applied, use ⬜ 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 ⬜ button from the Tableau menu bar. Select a format option:
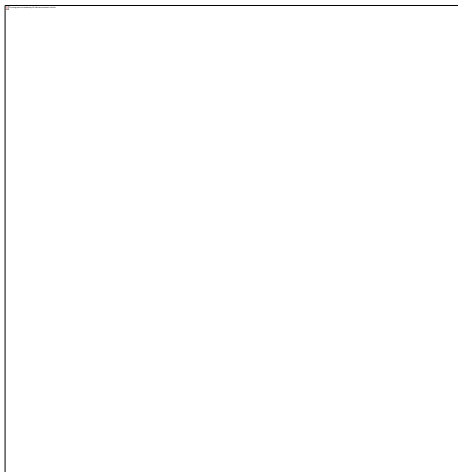
> If the option is grayed-out, this format is not available for this dashboard.

- 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.
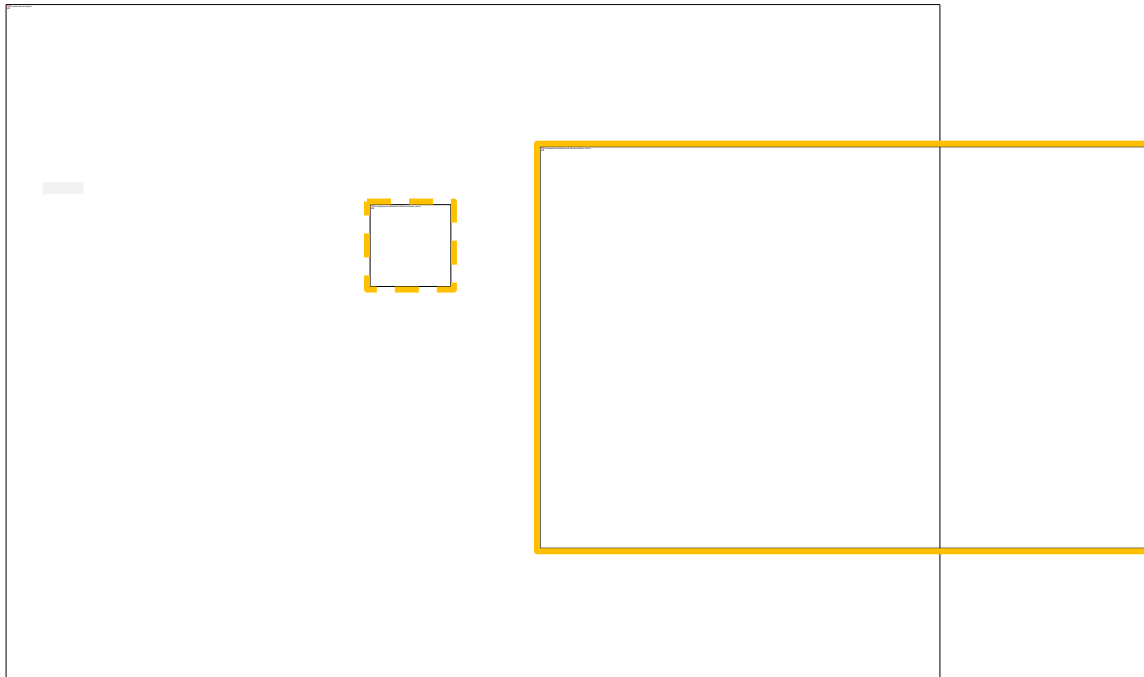
- Download PDF or Power Point

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 at the bottom of page.

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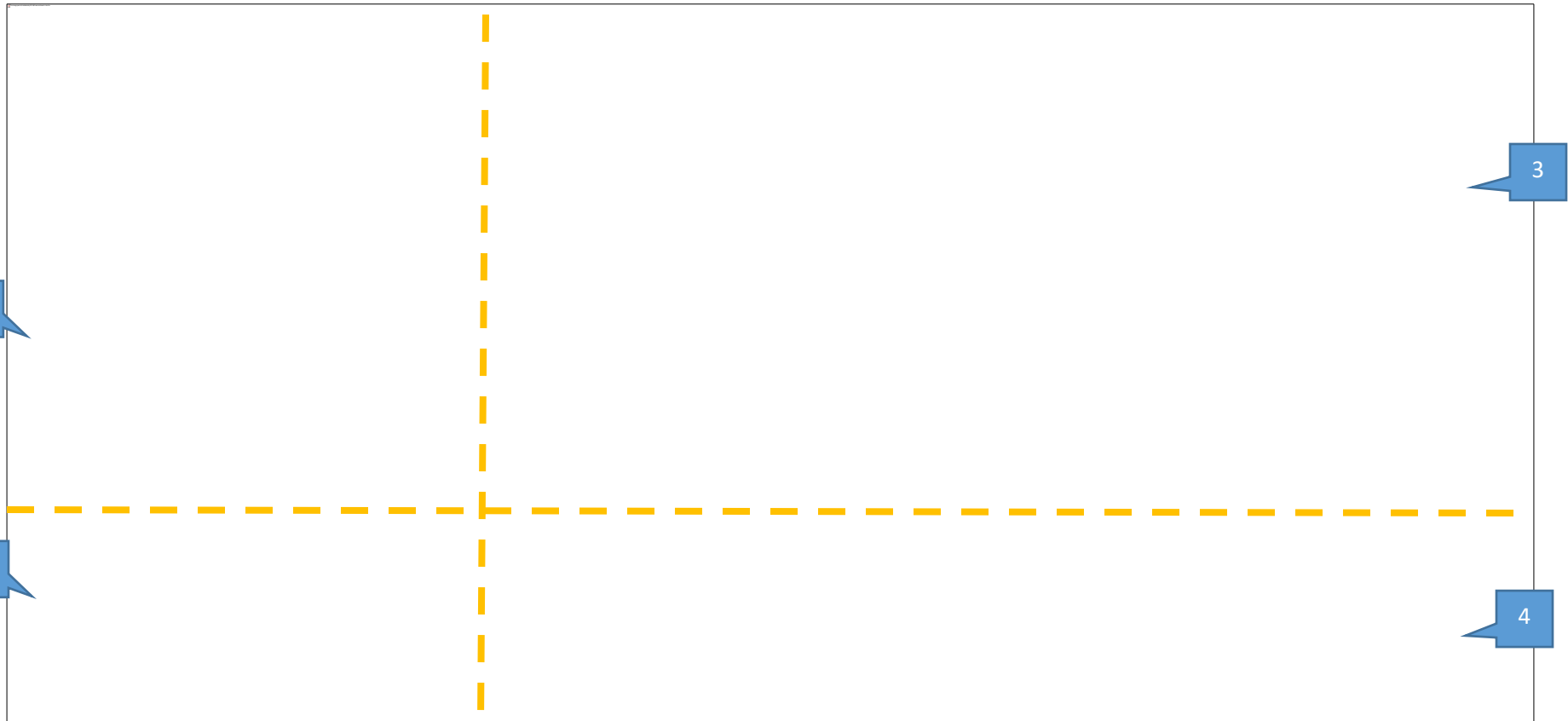
Instructions for each quadrant on next few pages.

**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.
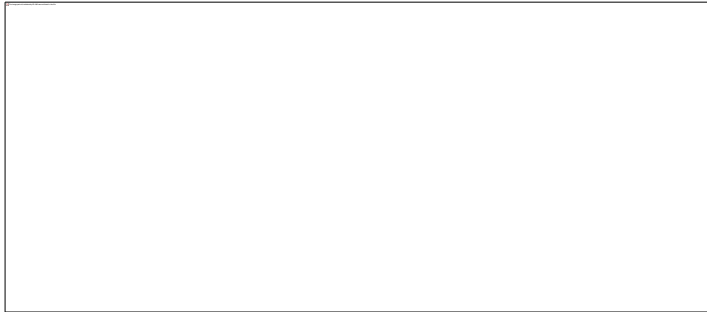
This section explains your parent organization's weighted relative rank in performance against other parent organizations in the PCP QIP network.

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

Measure = Alphabetized list of measures for the measurement year

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 Pearned 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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Menu details on next page.

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

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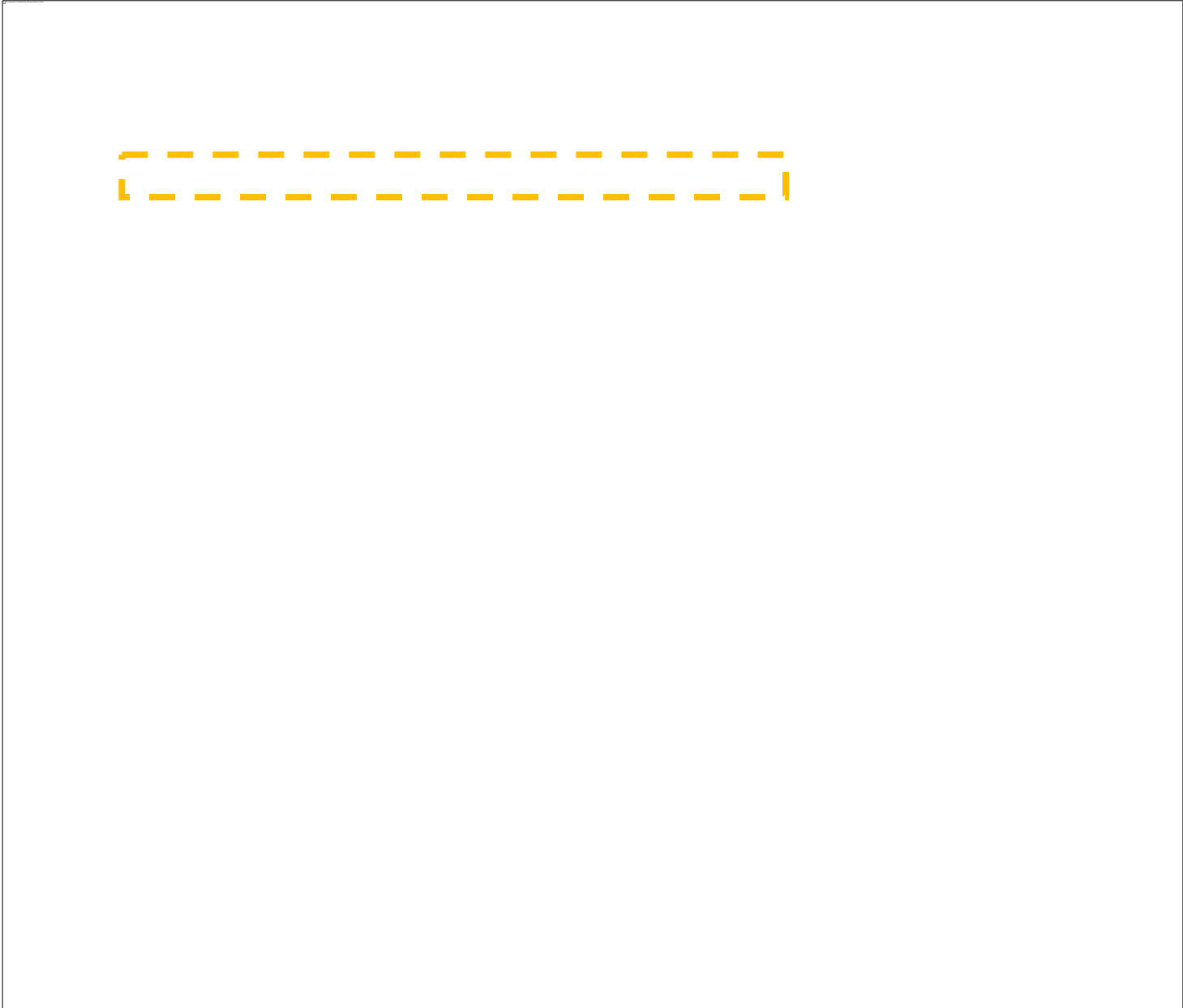
Clicking the menu icon opens two additional menu icons; **Patient Satisfaction** and **Untimely Claims**.

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

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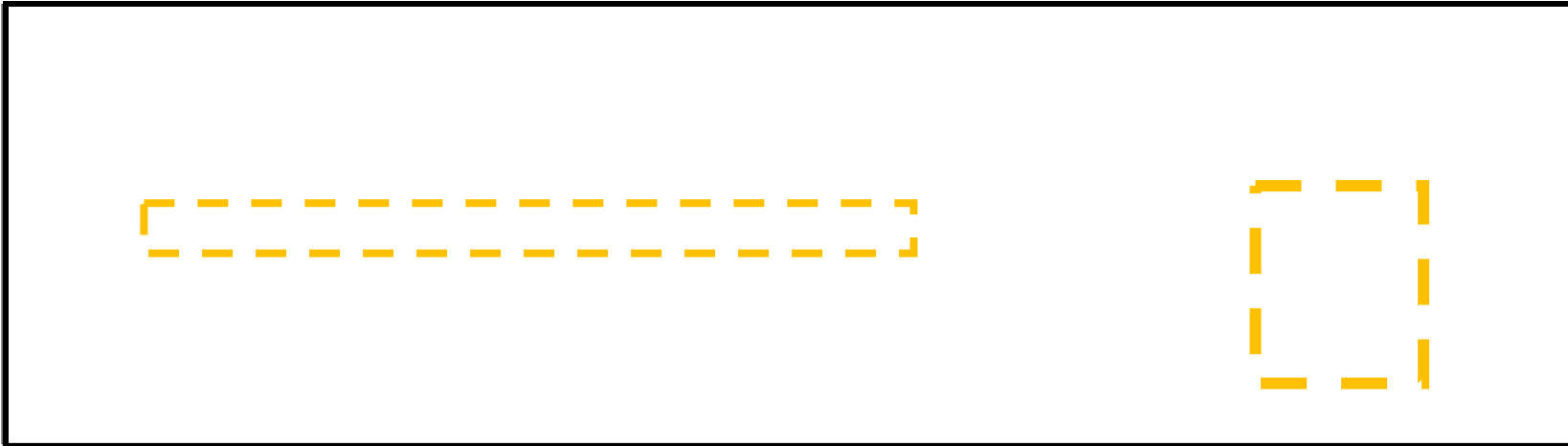
If the organization participated in CG CAHPS or the QIP Survey Option, you can view your performance by selecting the patient experience icon under the Home Page menu. If the organization was eligible for the GG CAHPS option, measure points will be displayed in red text. Select Adult or Child Access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

QIP Stoplight Dashboard

The Stoplight Dashboard displays patient gap to reach targets/benchmarks and remaining QIP payout. Instructions for 1) Show Trend Chart and 2) Show QIP Targets to follow in the next few pages.

| 1 |
| 2 |

Column(s) with each individual site name/PCP ID#
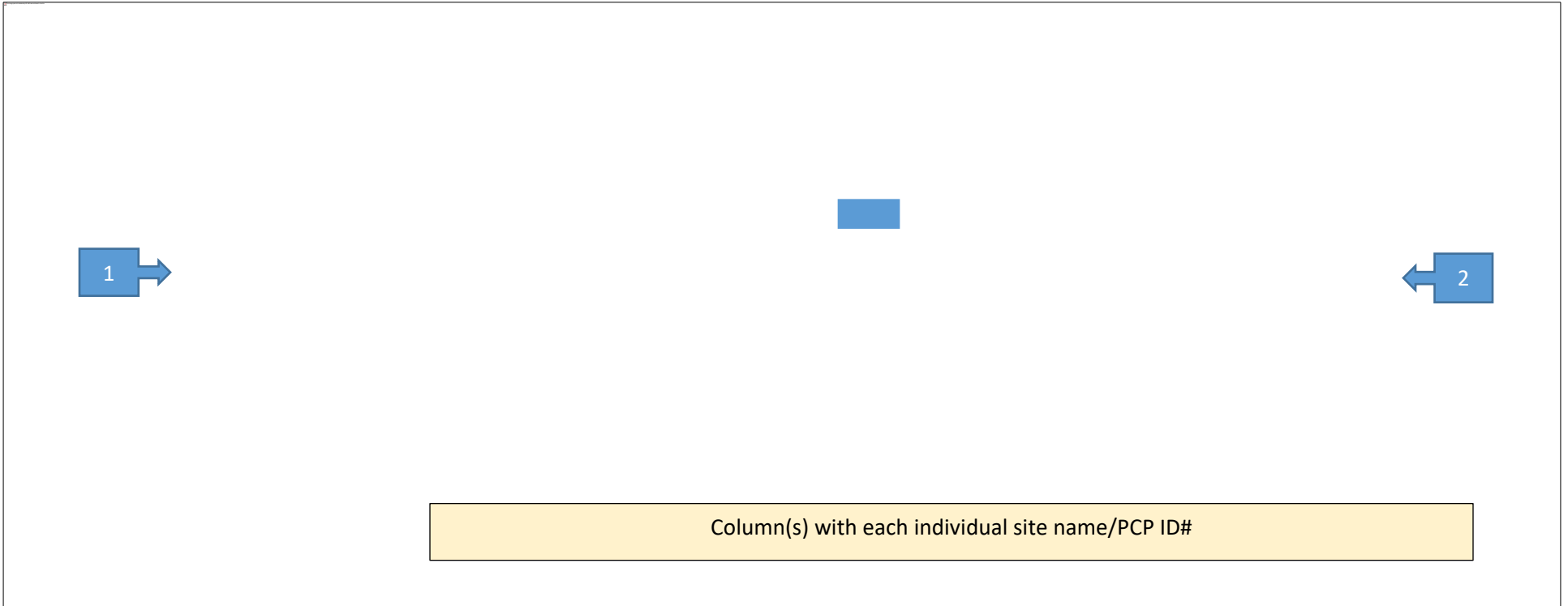
Dashboard Filters:

- **Parent Organization:** Name of Parent Organization on display
- **Refresh date:** Monthly refresh dates
- **Target/Benchmark Filter:** HEDIS 25th, 50th, 75th & 90th Percentile and PCP QIP partial and full points

Gap Size & Dollar Remaining Chart:

- **Measure:** Clinical measures within PCP QIP measure set
- **Total Org Gap:** Number needed to treat for Parent Organization to meet Partial or Full points for the measure
- **Total Org Numerator:** Number of patients in the Parent Organization who have met the measure
- **Total Org Denominator:** Number of patient in the Parent Organization who qualify for the measure

Gap Size & Dollar Remaining Chart Key:

Target Met: Green box when clinic has met target and no remaining potential earned dollars

<10 from Target: Yellow box when clinic has less than 10 members to treat prior to meeting target. Remaining potential dollars will display.

<30 from Target: Orange box when clinic has less than 30 members to treat prior to meeting target. Remaining potential dollars will display.

>30 from Target: Red box when clinic has more than 30 members to treat prior to meeting target. Remaining potential dollars will display.
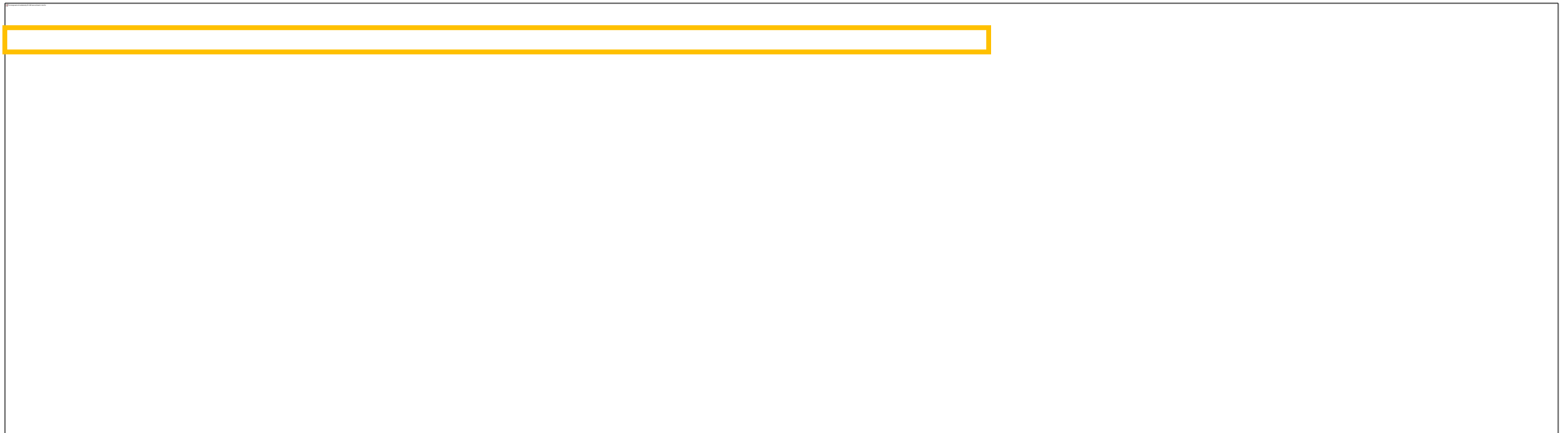
QIP Stoplight Trend Chart ← 1

- The Stoplight Trend Chart provides a snap shot of patient gaps in order to reach the selected measure or target/benchmark throughout the measurement y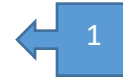ear. The trend lines represent the individual sites under a Parent Organization with a corresponding color noted on the top right hand side of the trend chart.
- The Refresh Date, Target/Benchmark Filter and Measure Selection filter can be used to manipulate the data to your trending needs.
  Note: Only one measure trend can be displayed at one-time. You will use the Measure Selection option to populate trend for the applicable measure.

Core Measurement Set
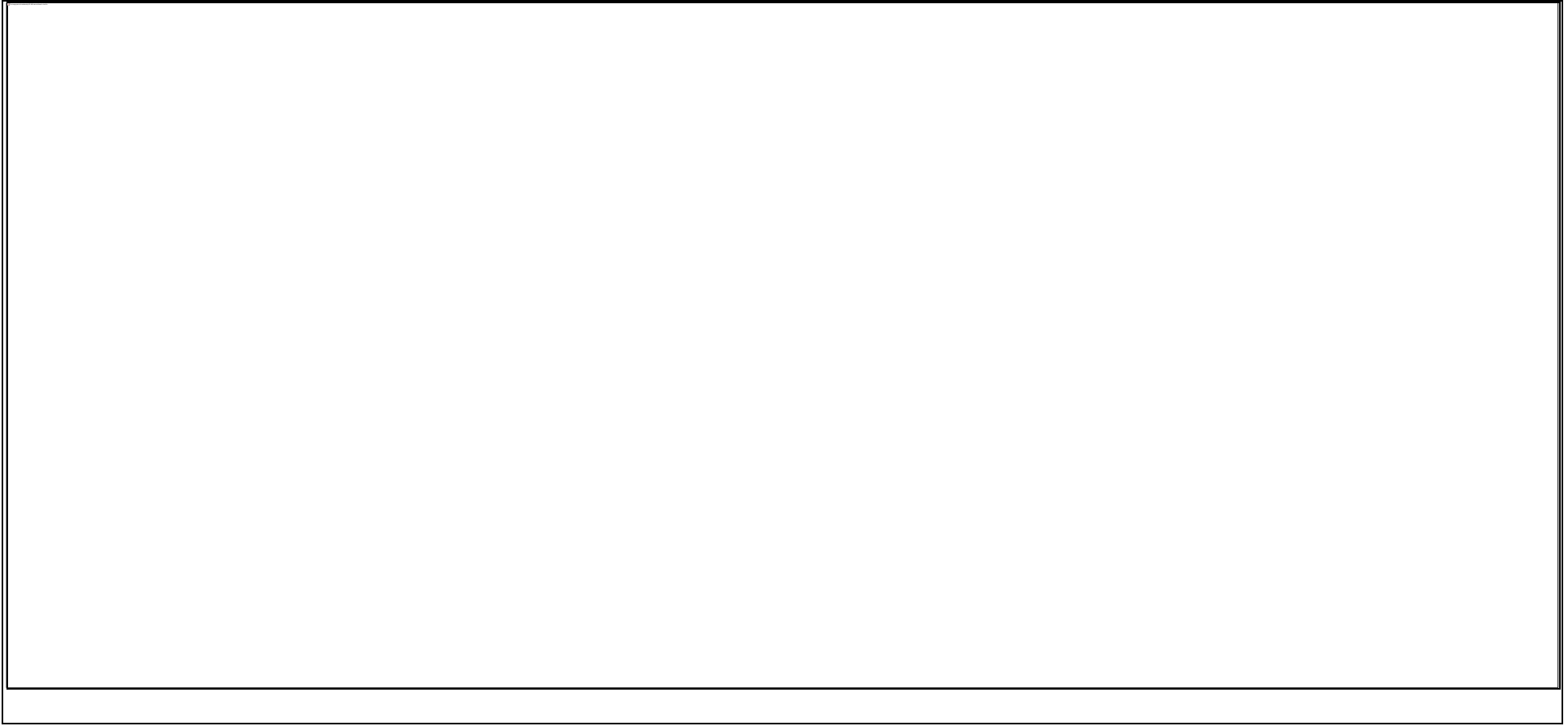
- The QIP Target is a chart with a list of the PCP QIP Core Measurement Set and their applicable full and partial point targets.

Provider Dashboard

The Provider Summary dashboard summarizes performance by individual provider site. It provides a view of QIP dollars earned and remaining at the measure level.

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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.

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

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

Performance Summary

Measures are grouped 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 partial or full points targets are met.
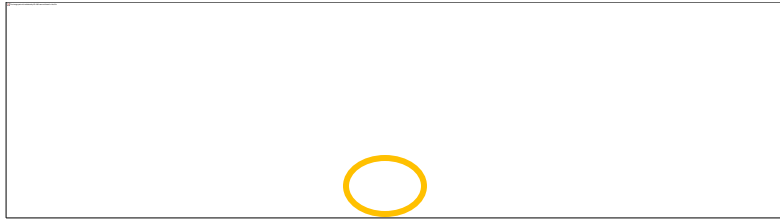
1

Hover over **Members trend icon** to see monthly and year to date member months.
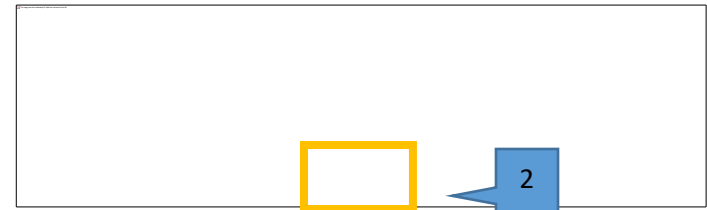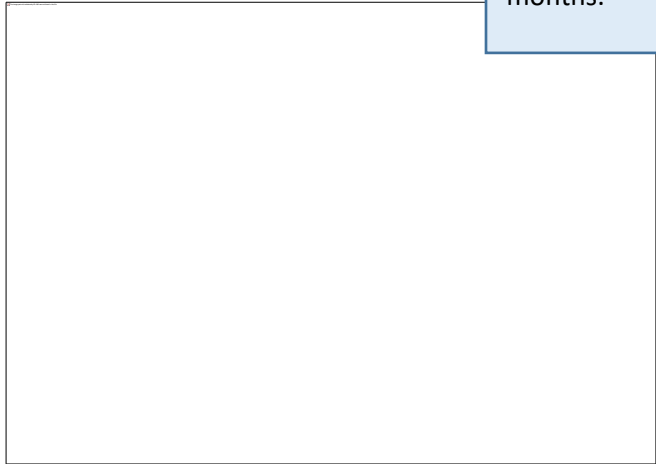
2

Click the chart icon for the Measure Strategy timeline graphic.

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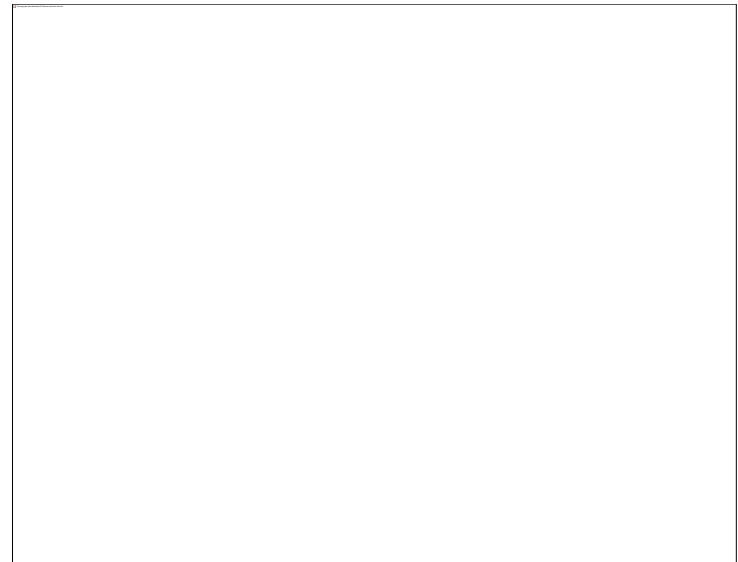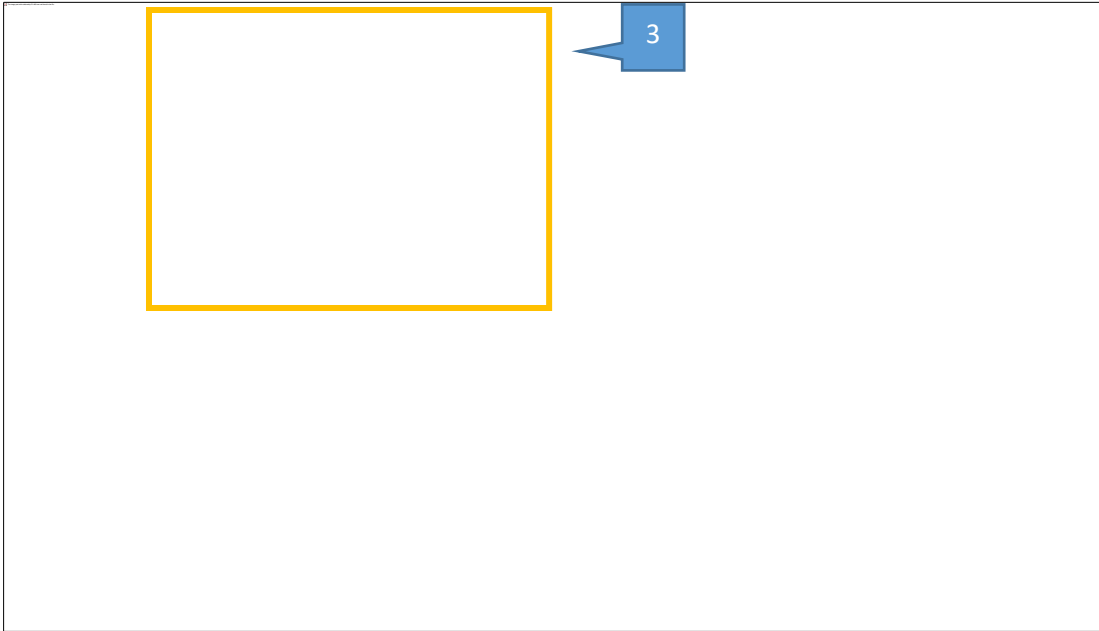
View provider rank by measure in this view. Use the filter to view your measure performance rank against:

- 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.

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**.

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.

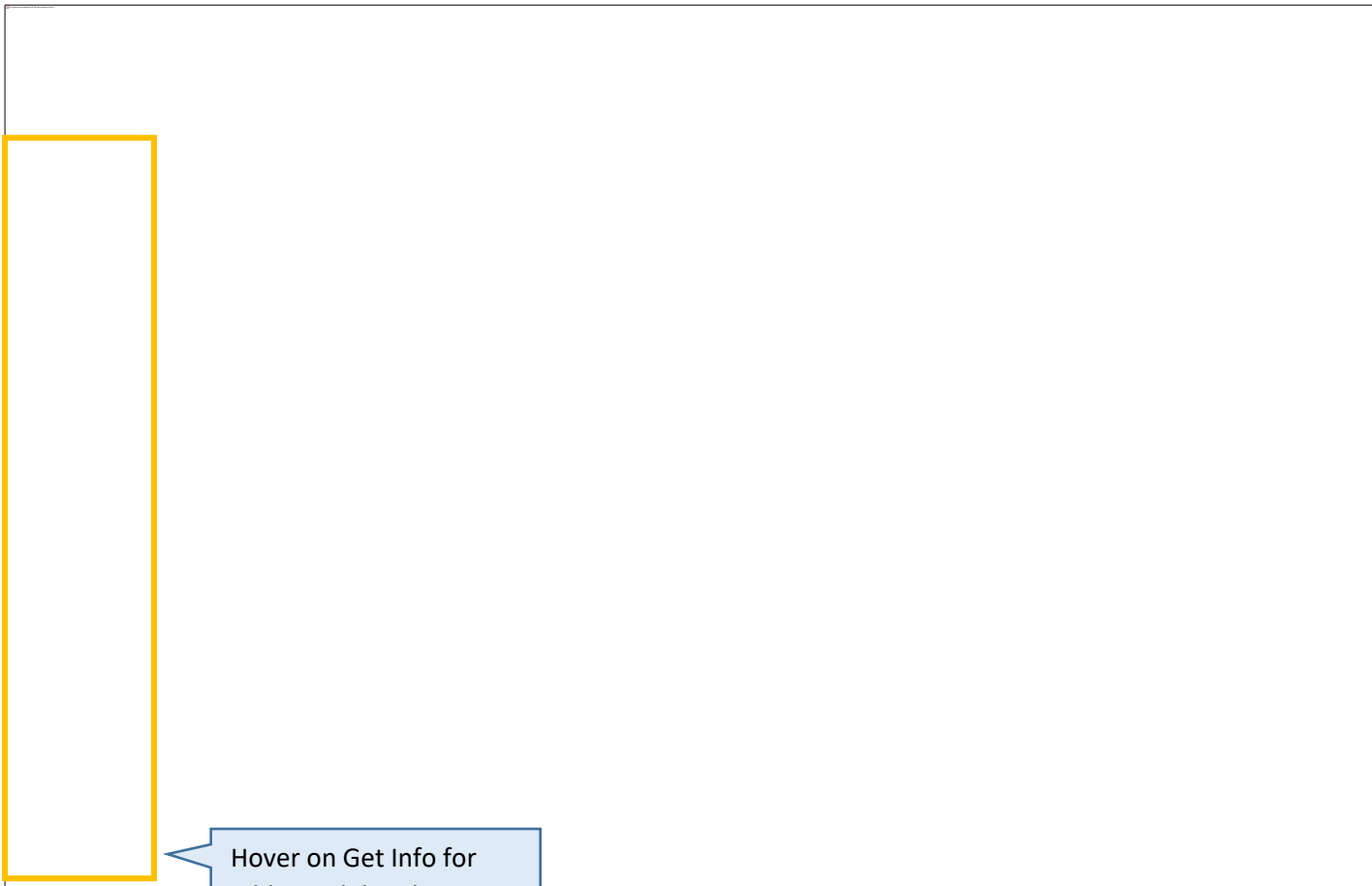Performance is summarized for all sites in your organization unless a unique provider(s) is selected.

Member demographic filters.

Hover on Get Info for additional details.

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

- ☑ (All)
- ☑
- ☑ AMERASIAN
- ☑ ASIAN INDIAN
- ☑ ASIAN/PACIFIC ISLANDER
- ☑ BLACK
- ☑ CAMBODIAN
- ☑ CHINESE
- ☑ FILIPINO
- ☑ GUAMANIAN
- ☑ HAWAIIAN
- ☑ HISPANIC
- ☑ JAPANESE
- ☑ KOREAN
- ☑ LAOTIAN
- ☑ NATIVE AMERICAN
- ☑ OTHER
- ☑ SAMOAN
- ☑ UNKNOWN
- ☑ VIETNAMESE
- ☑ WHITE

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.

Scorecard Dashboard

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

Legend on top right shows color coding for pie charts.

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

Drill Down – Clinical

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

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.

Note: Arrows indicate a report header is open (Blue) and Closed (Red).

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

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.

- 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. See Display on next page.

RAR - Member Drilldown

Final Statement Dashboard (FS1-FS3)

Display of PCP QIP Final Payment Statements for each individual site within your organization. Statements have a lookback period of the 3 prior measurement years.

FS1:

Member months for measurement year and total due to provider for measurement year

Clinical Measure types, measure names, 25th, 50th, 75th, & 90th percentile scores those measures, overall QIP score, Relative Improvement score, points earned for the MY and potential points earned for the MY.

Non Clinical measures, measure names, partial points and full points target, overall QIP scores, points earned and potential points earned for the MY.

FS2:

Points earned vs total potential points.

Member months for measurement year and total due to provider for measurement year

Total calendar member months, adjusted points earned (clinical and non-clinical) in total, PMPM & CHDP PMPM rate (if applicable) and total payment due to provider

Unit of service measures that a provider can participate in and totals due to provider
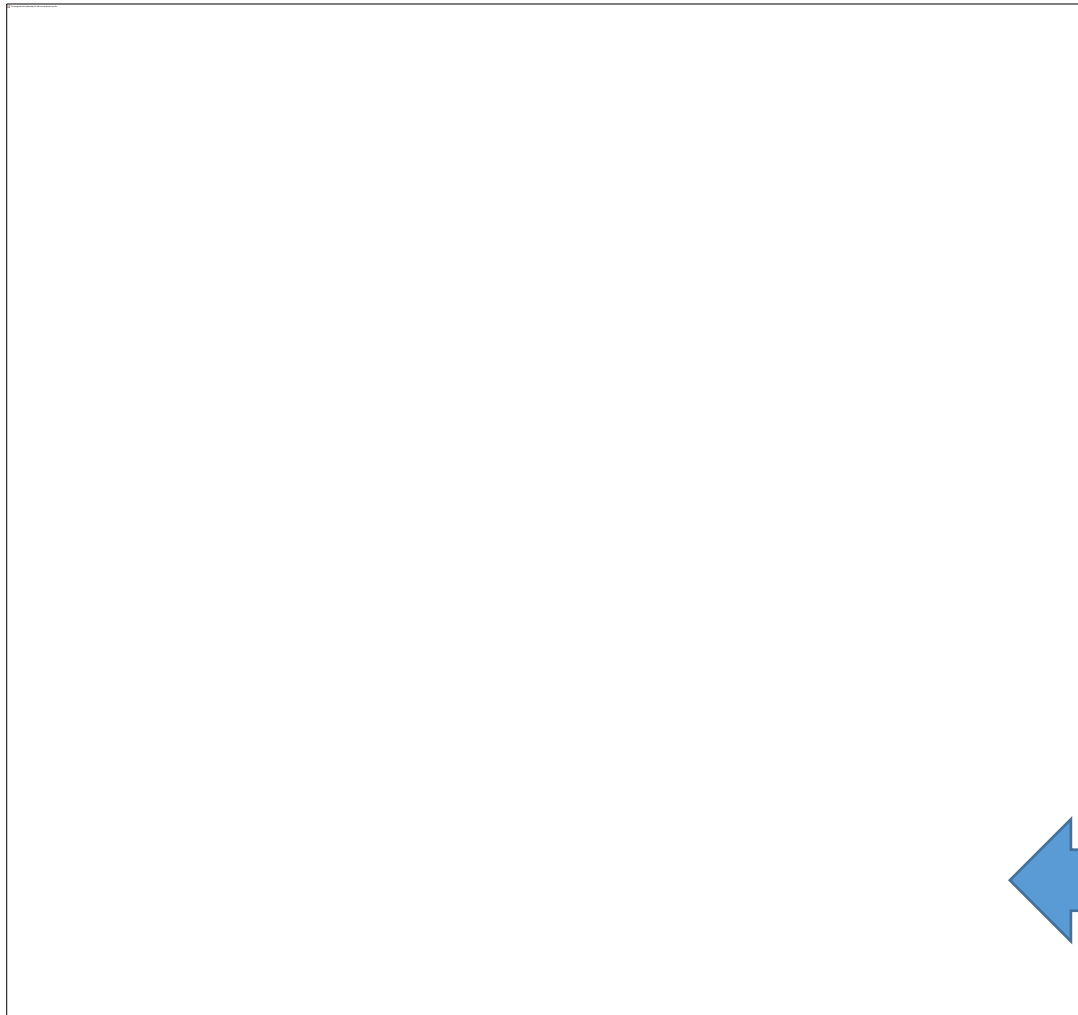
Total Amount of Final Payment

Graph will show all sites under a Parent Organization and adjusted points earned for those individual sites

When you click on the applicable site in the first graph, the second graph will show that site's rank plan-wide.

Disparity Dashboard:

Geographic View Dashboard:

The purpose of this dashboard is to promote ease of identification of PCP QIP measure performance across race/ethnicity groups within various levels of geographic stratification. The dashboard also offers the ability to filter by denominator size for selected geographic and race/ethnicity group stratification.
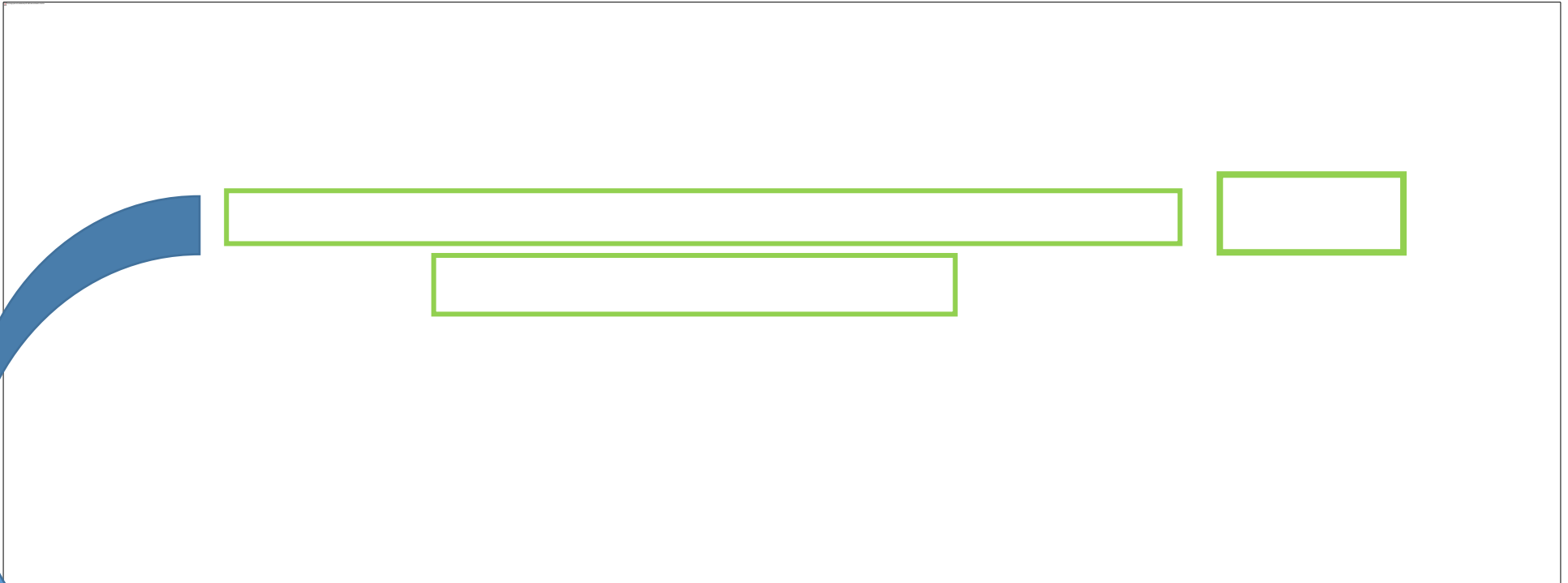
- Change Refresh date (measurement year), Measure name, Parent Organization, Provider (site name), Race/Ethnicity Group and Denominator Size with the drop down menu.
- View/Change the Geographic Breakout in 3 different ways: Sub Region, County, Parent Org, PCP name (site).
- Color-code measure performance against most recent HEDIS report-year NCQA Quality Compass benchmarks (Internal targets used for the Colorectal Cancer Screening measure).

FAQs

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	Twice a week (Tues & Thurs)	Monthly
Target User(s)	QI Staff	QI Staff / Executive / Leadership Teams