CPCI User Training

Greg Augustine, Azara Healthcare

November 6, 2015

Center for Primary Care Informatics (CPCI)

- A statewide reporting and analytics solution for NY's FQHCs
- Developed by CHCANYS in 2011 in close partnership with Azara (www.azarahealthcare.com) and utilizing the DRVS ("Drives") analytics platform
- Reporting is available for mandated & regulatory reporting (UDS, Meaningful Use, HEDIS), PCMH support, grants, patient registries, patient visit planning
- Currently 45 New York State health centers are live on CPCI, with several centers in process or in the pipeline to connect

CPCI Connects FQHCs Across New York State

Total Centers as of Nov 2015 = 45

List of CPCI Connected FQHCs

Health Center	Location	EHR
ACACIA	Bronx	NextGen
ACCESS CHC	NYC	eCW
ANTHONY JORDAN	Rochester	eCW
BEACON CHRISTIAN	Staten Island	Success EHS
BEDFORD STUYVESANT	Brooklyn	eCW
BETANCES	NYC	eCW
BORIKEN	NYC	eCW
BRIGHTPOINT HEALTH	NYC	eCW
BROOKLYN PLAZA	Brooklyn	eCW
BROWNSVILLE	Brooklyn	eCW
CHAUTAUQUA	Dunkirk	Allscripts
CHC BUFFALO	Buffalo	eCW
CHC OF THE NORTH COUNTRY	Staten Island	eCW
CHC RICHMOND	Staten Island	eCW
COMMUNITY HEALTHCARE NETWORK	NYC	eCW
DAMIAN	Briarwood	eCW
EZRA MEDICAL CENTER	Brooklyn	NextGen
EZRAS CHOILIM HEALTH CENTER	Monroe	Allscripts
FAMILY HEALTH NETWORK OF CENTRAL NY, INC.	Cortland	GE Centricity
FINGER LAKES	Penn Yan	eCW
GREATER HUDSON VALLEY FHC	Newburgh	GE Centricity
HARLEM UNITED	NYC	eCW

Health Center	Location	EHR
HEALTHCARE CHOICES	Brooklyn	eCW
HOMETOWN	Schenectady	eCW
HOUSINGWORKS	Brooklyn	eCW
HUDSON HEADWATERS	Glens Falls	Athena
HUDSON RIVER HEALTH CARE	Peekskill	eCW
INSTITUTE FOR FAMILY HEALTH	NYC	EPIC
LUTHERAN	Brooklyn	eCW
MORRIS HEIGHTS	Bronx	eCW
NOCHSI	Pulaski	Intergy
NORTH COUNTRY FHC	Watertown	GE Centricity
OAK ORCHARD CHC	Brockport	eCW
OPEN DOOR FMC	Ossining	eCW
PROJECT RENEWAL	NYC	eCW
REFUAH	Spring Valley	eCW
RPCN	Rochester	eCW
SETTLEMENT	NYC	GE Centricity
SOUTHERN TIER CHC NETWORK	Elmira	eCW
URBAN	Bronx	eCW
WHITNEY M. YOUNG, JR. CHC	Albany	eCW
WILLIAM F. RYAN	NYC	eCW

CPCI Usage Highlights

- Looking at the past 3 months (July – September 2015):
  - ✓ Almost *all* connected health centers are active on CPCI
  - ✓ More than half of connected centers have at least 4 users logging in and running reports on CPCI
  - ✓ A wide range of reports were accessed (150 + reports)
- Most used reports include:
  - Patient Visit Planning
  - Diabetes reports
  - UDS reports
  - Cancer Screening Reports

Improving Patient Outcomes through Data

CPCI Super User Training

November 6, 2015

Agenda

- How to Log In
- The Home Screen and General Navigation
- Reports vs. Measures
- Compliance Reports
- The Measures Analyzer
- Clinical Registry Reports
- Patient Visit Planning
- Help
- UDS Reporting

Who should have access to CPCI ?

- Quality Director and Quality Improvement Staff
- MAs / LPNs
- RNs / RN Care Managers
- Providers
- IT / Applications Staff
- Health Home Director
- Behavior Health Consultants
- Clinical Leadership
- Executive Director and Leadership

Logging In – Welcome Email

After an account has been created, the user will receive an email that will guide them through account confirmation and setting their password.

- The user must confirm their account within 72 hours of receiving their welcome email

Welcome to DRVS

support@azarahealthcare.com
Saturday, June 20, 2015 at 1:32 PM
To: Gregory Augustine

Welcome to Azara DRVS

A user account has been created for you in DRVS. Please follow the link below to confirm your email and complete the account registration process

Confirm My Email

Thanks, Azara Healthcare

Logging In – Establishing a Password

support@azarahealthcare.com
Saturday, June 20, 2015 at 1:32 PM
To: Gregory Augustine

Welcome to Azara DRVS

A user account has been created for you in DRVS. Please follow the link below to confirm your email and complete the account registration process

Confirm My Email

Thanks, Azara Healthcare

azara
healthcare

Reset password confirmation.

Your password has been reset. Please click here to log in

azara
healthcare

greg.augustine@azarahealthcare.com

Login

Logging In

- Launch a web browser and in the address field enter:

  https://DRVS.azarahealthcare.com/apicha

- At the Log In Screen enter the following
  - User Name: <email address>
  - Password: <password>

The Home Screen

After logging into CPCI, the Home Screen is displayed. There are two (2) main sections on this page plus the left navigation bar.

azara healthcare | Home | News | Help | Welcome Greg.augustine@azarahealthcare.com | CPCI

No Favorites
Administration ▸
Reports ▸
Measures ▸

3. Left-hand Navigation Bar

Home

Home

2014 General Practice CQMs
Period: TY October 2015 Full Report >

Breast Cancer Screening (NQF 0031)	41 %
Cervical Cancer Screening (NQF 0032)	50 %
Colorectal Cancer Screening (NQF 0034)	34 %
Hypertension: Improvement in Blood Pressure	32 %
Screening for Clinical Depression and Follow-Up Plan (NQF 0418)	38 %
Screening for Clinical Depression (NQF 0418 Modified)	40 %
Falls Screening for Future Fall Risk (NQF 0101)	0 %

1. Stoplight Panel / Dashboard

Events and Announcements

IMPORTANT REMINDER
To avoid interruption of CPCI Reporting services, please provide CHCANYS and/or Azara with timely notice of any PLANNED changes to your EHR/EPM application configuration, templates, and EHR system upgrades as well as any hardware, network and security changes to EHR servers. By proactively engaging the CPCI team, we can better assure a smooth transition and minimize any effects your changes will have on our ability to gather your data and continue to provide reliable and accurate reporting.

CHCANYS Statewide Webinar: CPCI User Training
WHEN: Friday, November 6th, 9-10:30am; CHCANYS is offering a refresher training for all users of the CPCI analytics tool. The training will be delivered by Greg Augustine of Azara. It will cover the key features and functionality including navigating the new user interface, utilizing common reports and measures, patient visit planning, and analyzing and interpreting your data. Attendance for this webinar is free of charge. To register, please contact Amy Tammam at atammam@chcanys.org

2. Events and Announcements

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Home Screen Preferences

Click on the ‘Preferences’ link below your login to change the Scorecard Widget on your home page

User Preferences CHCANYS-Greg.augustine@azarahealthcare.com

Default Scorecard Panel: 2014 General Practice CQMs | Save | Delete

Profile Information

First name: Greg

Last name: Augustine

Title: Azara Employee

Save

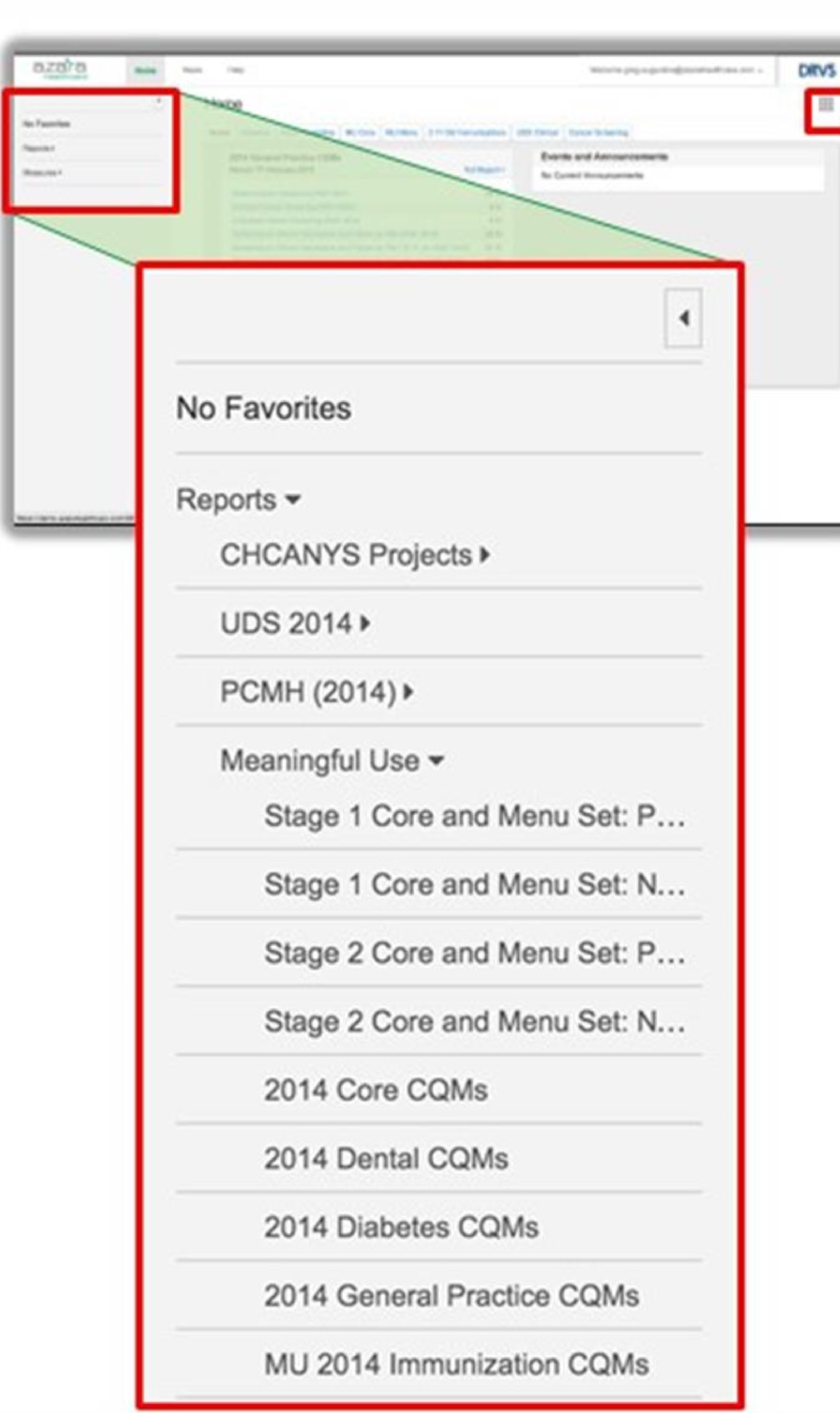
Navigation within CPCI

Main Navigation Bar

- On the left-hand side of all screens
- Quickly find and run reports and measures
- Collapsible / Expandable

9-Dot Utility Menu

- Located in the right-hand corner
- Contains a set of common utilities including
  - **Add to Favorites**
  - **Excel** (Export)
  - **PDF** (Export)
  - **Report Issue**
- May vary slightly depending on the type of screen/report



Reports and Measures

Data is presented in CPCI in either a *Report* or the *Measure Analyzer*

- There are three (3) basic types of ***Reports*** in CPCI
  - Compliance Reports
    - Aggregated Data for Meaningful Use, UDS, PCMH
  - Clinical Registry Reports
    - Patient Level Detail for specific Chronic Conditions (e.g., Diabetes, Hypertension) or Preventive Care Segments (e.g., Adult Female, Adult Male)
  - Clinical Operations
    - Patient Visit Planning

- The ***Measure Analyzer*** allows users to complete ad-hoc analysis for specific measures (e.g., A1c > 9)
  - Review trends
  - Benchmark providers
  - Identify outliers and disparities in care

Compliance Reports

CHCANYS centers currently have access to Compliance Reports for:

- UDS
- Meaningful Use
- PCMH
- CHCANYS Projects
  - CDC Cancer Grant
  - NYS-HCCN Grant
  - ABCS

No Favorites

Reports
- CHCANYS Projects
  - CDC Cancer Grant
  - NYS-HCCN Grant
- UDS 2014
  - Tables 3a & 3b
  - Table 4
  - Table 6a
  - Table 6b
  - Table 7
- PCMH (2014)
  - Adult Diabetes
  - Adult Preventive
  - Pediatric Asthma
  - Pediatric Preventive
- Meaningful Use
  - Stage 1 Core and Menu Set
  - Stage 2 Core and Menu Set
  - Core CQMs
  - Dental CQMs
  - Diabetes CQMs
  - General Practice CQMs
  - HIV CQMs
  - Heart CQMs
- Referrals
- Clinical Registries
- ABCS
- HIV Registries
- Clinical Operations
- Custom Scorecards

Measures

Compliance Reports

Compliance reports typically displayed as a Scorecard which includes:

- Measure
- Stoplight Grade
- Target (%)
- Result (%)
- Numerator
- Denominator
- Exclusions

Meaningful Use - 2014 General Practice CQMs

		Measure	Target	Result	Numerator	Denominator	Exclusions
		Breast Cancer Screening (NQF 0031)	0 %	65 %	535	822	0
		Cervical Cancer Screening (NQF 0032)	0 %	65 %	787	1,218	0
		Colorectal Cancer Screening (NQF 0034)	0 %	35 %	513	1,479	0
		Falls Screening for Future Fall Risk (NQF 0101)	0 %	34 %	426	1,238	0
		Screening for Clinical Depression and Follow-Up Plan (NQF 0418)	0 %	75 %	3,329	4,440	0
		Screening for Clinical Depression and Follow-Up Plan 12-17 yrs (NQF 0418)	0 %	76 %	295	387	0
		Screening for Clinical Depression and Follow-Up Plan 18+ yrs (NQF 0418)	0 %	75 %	3,034	4,053	0
		Screening for Clinical Depression (NQF 0418 Modified)	0 %	80 %	3,559	4,440	0
		Screening for Patients With Depression (NQF 0418 Modified)	0 %	0 %	0	0	0
		Hypertension: Improvement in Blood Pressure	0 %	0 %	0	98	15

1

1 of 1 pages (10 items)

Compliance Reports

Consistent tabs, links, and graphics help you easily find the features, functions, and tools you need to easily navigate and use CPCI

- Measures highlighted in blue are clickable links that allow the ability to drill down into Measure Analyzer
- Information buttons found throughout the system give more specific information about the measure or data
- Supporting detail behind each measure can be directly exported to Excel

Meaningful Use - 2014 General Practice CQMs

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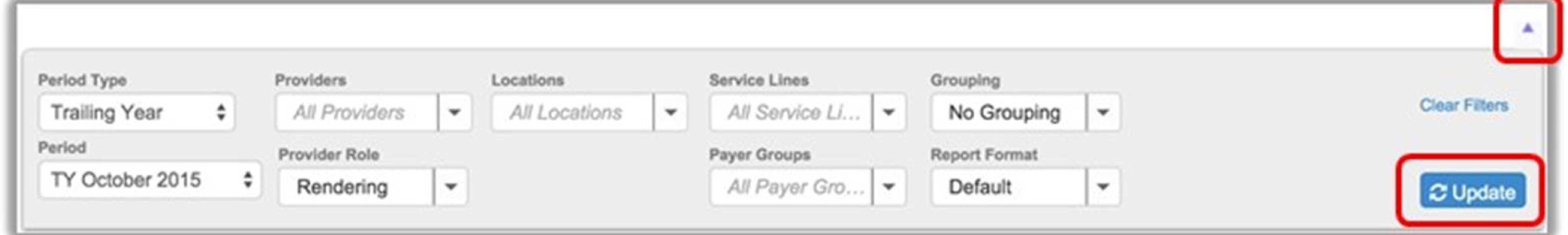
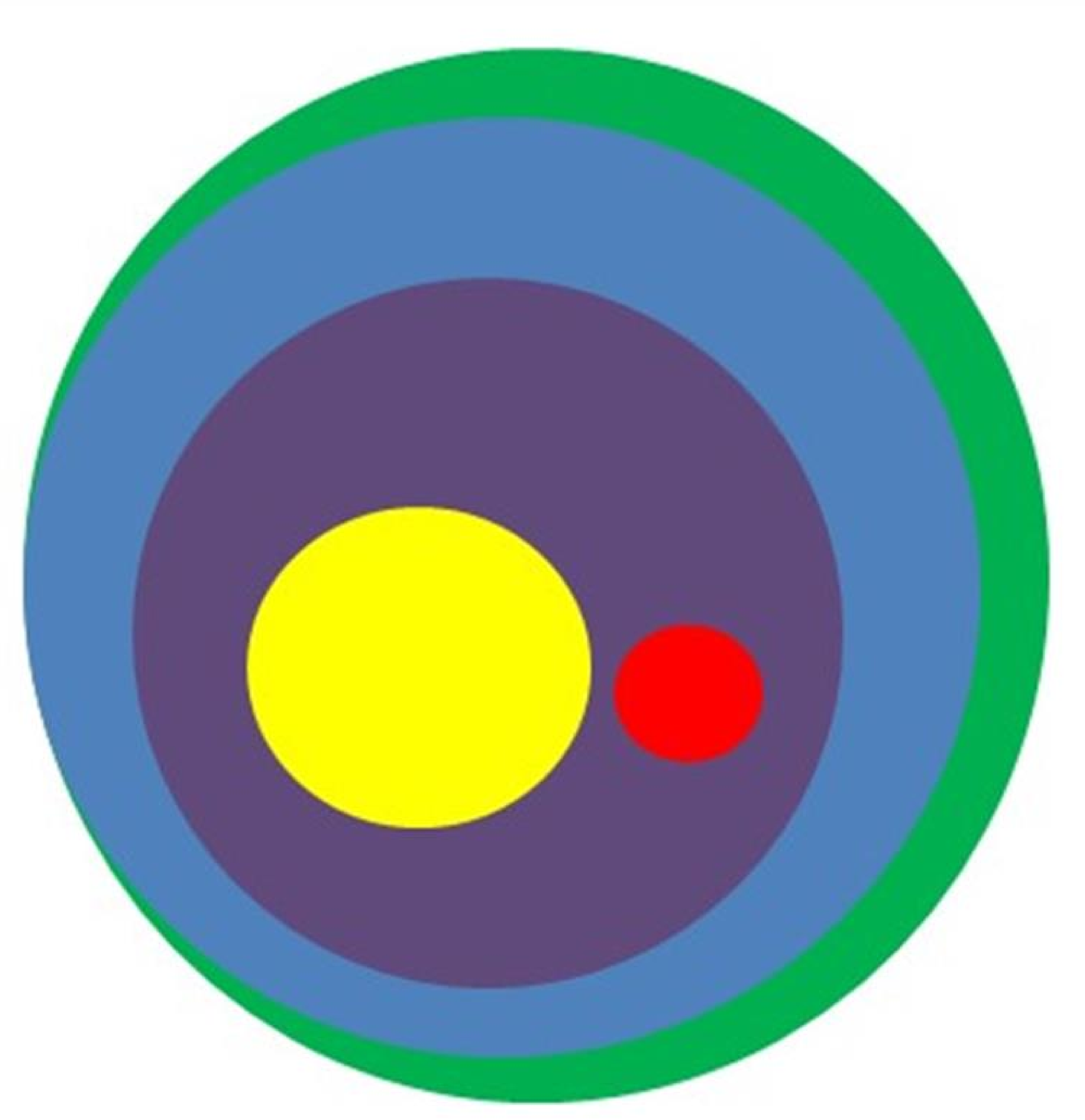
Filtering Results

- Results can be filtered based:
  - Time periods
  - Provider(s) – Rendering or Usual/PCP
  - Location(s) where service was rendered
  - Payer Group – custom grouping of health insurance plans

- To customize your analysis, choose the filters / parameters, and click the **Update** button
  - The filter panel can be collapsed by clicking the ▲ button



Measure Calculations



- **Overall Patient Population**
  Total Patients in EPM/EHR
- **Active Patient Population**
  Patients Seen in Last 18 Months
- **Denominator**
  Initial Base Measure Population
- **Numerator**
  Denominator Patients Compliant with Measure
- **Exclusions**
  Patients Removed From the Denominator

Measure Calculation: Numerator / (Denominator - Exclusions)

UDS removes exclusions prior to calculation; patient will not be displayed in patient detail reports.

Reporting Periods

There are four (4) main "Period Types" to run a Scorecard Report or individual measure in the Measure Analyzer

- Year (Calendar)
- Trailing Year
- Quarter
- Month

Specifications, however, are typically written for a calendar year period.

Reporting Period Types

All period types follow and adhere to the same specification with regards to

- The length of the measurement period
- Patient age / gender criteria
- Lookback period for a specific lab, diagnostic image or screening

Azara applies the specifications the *same* across all period types within CPCI with the following key differences:

- Trailing Year
  - The measurement period start and end dates are shifted
    - The period for TY September 2014 is 10/1/13 thru 9/30/14
- Quarter and Month
  - The measurement period start and end dates are shifted
    - The period for Q3 2014 is 7/1/14 thru 9/30/14
  - The patient must have a visit in the quarter (or month) – between 7/1/14 and 9/30/14

Example: Breast Cancer Screening (MU)

Denominator:

- Patients at least 42 and no more than 69 years at the end of the measurement period who had an outpatient encounter within the year prior to the end of the measurement period
  - AND who have not had either a bilateral mastectomy or two (2) unilateral mastectomies

Numerator:

- Pts with a breast cancer screening within 2 years prior to the end of the measurement period

Application of the specification within CPCI for each period type:

	Year (2015)	Trailing Year (TY Feb 15)	Month (Feb 15)	Quarter (Q1 15)
Period:	Jan 1, 2015 – Dec 31, 2015	Mar 1, 2014 – Feb 28, 2015	Feb 1, 2015 – Feb 28, 2015	Apr 1, 2014 – Mar 31, 2015
Denominator:	OP Encounter w/in the year prior to 12/31/15 ***AND*** Pt at least 42 and not more than 69 as of Dec 31 ***AND*** OP Encounter between 1/1/15 and 12/31/15	OP Encounter w/in the year prior to 2/28/15 ***AND*** Pt at least 42 and not more than 69 as of Feb 28 ***AND*** OP Encounter between 3/1/14 and 2/28/15	OP Encounter w/in the year prior to 2/28/15 ***AND*** Pt at least 42 and not more than 69 as of Feb 28 ***AND*** OP Encounter between 2/1/15 and 2/28/15	OP Encounter w/in the year prior to 3/31/15 ***AND*** Pt at least 42 and not more than 69 as of Mar 31 ***AND*** OP Encounter between 1/1/15 and 3/31/15
Exceptions:	Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 12/31/15	Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 2/28/15	Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 2/28/15	Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 3/31/15
Numerator:	Screening (Mammography) w/in 2 years prior to 12/31/15	Screening (Mammography) w/in 2 years prior to 2/28/15	Screening (Mammography) w/in 2 years prior to 2/28/15	Screening (Mammography) w/in 2 years prior to 3/31/15

Measure Analyzer

CHCANYS centers currently have access to a large number of measures across multiple categories

- UDS
- Meaningful Use
- PCMH
- CHCANYS Projects

The Measure Analyzer can be accessed directly from the Navigation Bar or by '*drilling*' into Measures from Scorecard Reports

Measure Analyzer

The Measure Analyzer screens contain three (3) graphical components

Pap Tests (UDS)

View: Measure Analyzer Detail List

← Back to report

1. Multi-Period Trends

TY March 2015 to TY August 2015 Trend

110% 100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

47% 49% 52% 55% 57% 60%

TY 3/15 TY 4/15 TY 5/15 TY 6/15 TY 7/15 TY 8/15

2. Benchmarks

TY August 2015 Result

Selected 60%

Best Center 61%

PCA Average 60%

3. Comparison Charts

TY August 2015 Comparison

Grouping Center

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

Access Community Health Family Health Center Neighborhood Health Center

Measure Analyzer – Multi-Period Trend

- The graph of the Multi-Period Trend allows you to look at the filtered measure value as a trend line over a period of time.
- For those measures where a threshold has been established, the primary and secondary targets are displayed as a green and yellow lines for comparison.

TY March 2015 to TY August 2015 Trend

TY 3/15	TY 4/15	TY 5/15	TY 6/15	TY 7/15	TY 8/15
47%	49%	52%	55%	57%	60%

TY March 2015 to TY August 2015 Trend

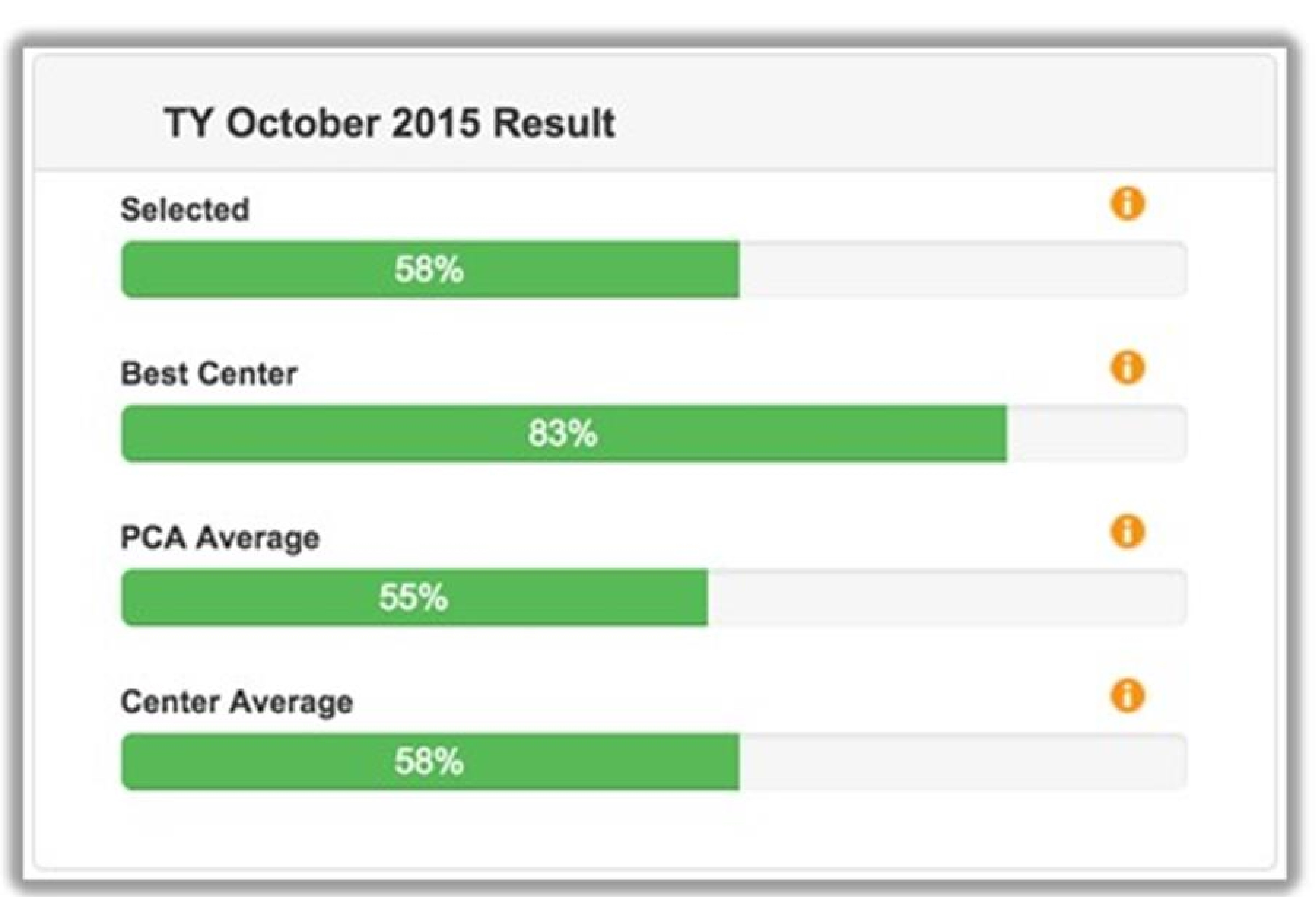
Grouping	Female Patients w/	Qualifying Patients	Measure Result
TY 3/15	1078	2309	47%
TY 4/15	1127	2299	49%
TY 5/15	1187	2303	52%
TY 6/15	1256	2303	55%
TY 7/15	1322	2312	57%
TY 8/15	1386	2319	60%

1 of 1 pages (6 items)

Measure Analyzer – Benchmarks

This chart shows the selected measure results for the most recent time period against Best and Average benchmarks.

- **Selected:** Result for filters (e.g., providers) selected
- **Best Center:** Result for the center in the PCA with the best results
- **PCA Average:** Average result for all centers in the PCA
- **Center Average:** Average result for all providers at your center



Measure Analyzer – Comparisons

- Displays Comparison data in chart or table form.
- Clicking on the bars in the bar chart or the highlighted links in the table 'drills' down into the measure for more detail and a new **Measure Analyzer** is displayed

TY August 2015 Comparison

Grouping: ✓ Center, Provider, Location, Service Line, Race, Ethnicity, Language, Age, Gender, Homelessness Status, Migrant Worker Status

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Access Community Health
Family Health Center
Neighborhood Health Center

TY August 2015 Comparison

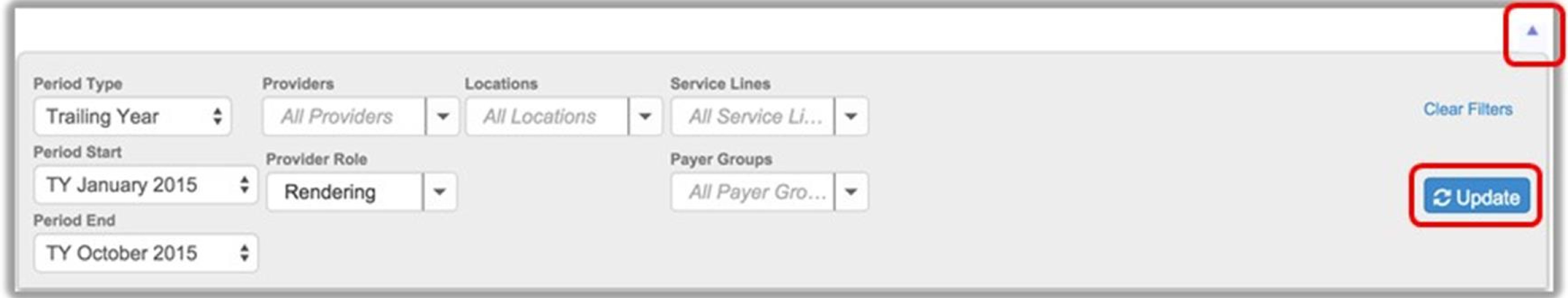
Grouping Center

Center	Measure Result	Female Patients w/ Pap test	Qualifying Patients
Access Community Health	61%	509	838
Family Health Center	60%	442	735
Neighborhood Health Center	58%	435	746

Click to drill down to another level

Measure Analyzer – Filtering

- As in the Scorecard Reports, results can be filtered based on a period of time, specific providers or specific locations
- To customize your analysis, choose the filters / parameters, and click the **Update** button
  - The filter panel can be collapsed by clicking the button



Measure Analyzer - Patient Detail

- The Measure Analyzer supports access to the patient data behind the results. This is done by toggling the view to **Detail List**.

View: Measure Analyzer | Detail List

- The resulting Patient Detail List is sortable, filterable and may be exported as either a PDF or an Excel spreadsheet

Pap Tests (UDS)

View: Measure Analyzer | Detail List

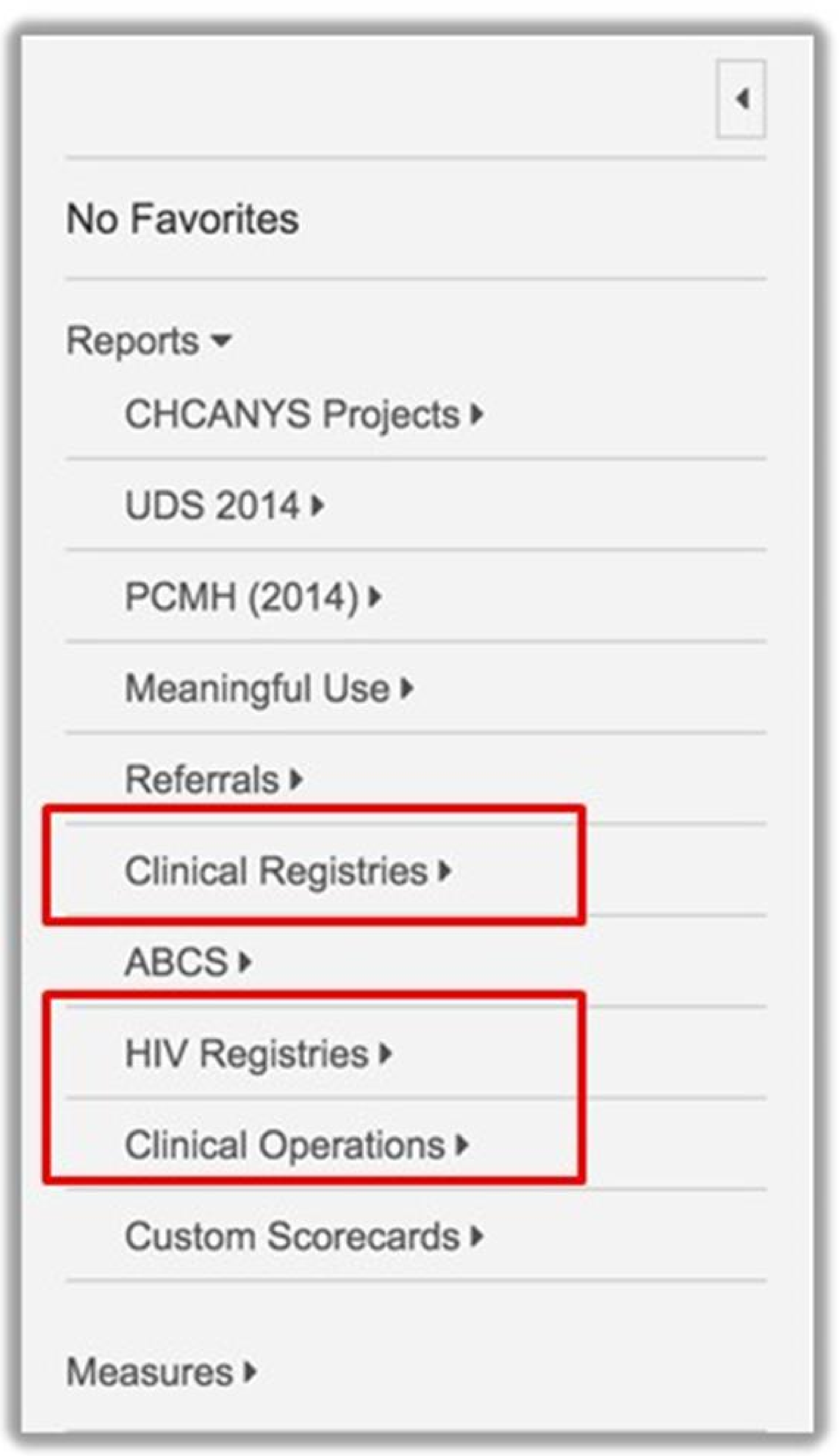
Add to Favorites
Export as Excel
Export as PDF
Report an Issue

Name	MRN	Gender	Date of Birth	Usual Provider	Inactive	Denor	
Dixon, Elaine	8259446	F	3/7/1986	Rabbit, Jessica	N	Y	N
Lawrence, Bertha	7555576	F	10/4/1952	Cranston, Bill	N	Y	N
Cortez, Maureen	1198398	F	7/2/1973	Gunther, Eric	N	Y	N
Espinoza, Kelly	9014874	F	5/22/1954	Crowley, Patrick	N	Y	N
Martin, Nora	4585337	F	11/19/1990	Cranston, Bill	N	Y	N

Clinical Registry & Operations Reports

Current Clinical Registry Reports include:

- Adult Female Primary Care
- Adult Male Primary Care
- Pediatric Primary Care
- Immunizations (Childhood)
- Diabetes Labs & Services
- Asthma Status & Management
- Hypertension
- HIV
- Depression

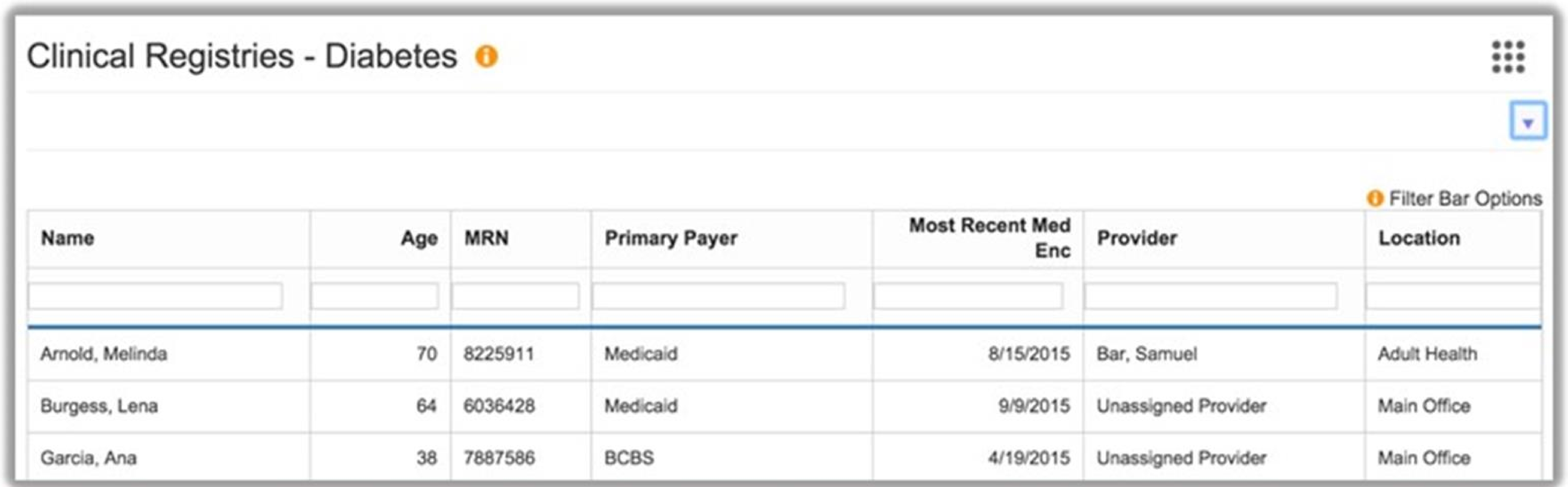


Clinical Operations

- Patient Visit Planning Report

Clinical Registry Reports

- Provide a method to manage chronic conditions, measure preventive clinical parameters, and analyze improvement
- Clinical Registries allow you to create reports with patient level detail that can used to either
  - Retrospectively analyze data based on their most recent encounter
  - Prospectively analyze data based on their next appointment.
- There is a common set of data elements in each report (e.g., Patient Name, MRN) and a set of data element specific to the Chronic Disease or Preventive Care category



Name	Age	MRN	Primary Payer	Most Recent Med Enc	Provider	Location
Arnold, Melinda	70	8225911	Medicaid	8/15/2015	Bar, Samuel	Adult Health
Burgess, Lena	64	6036428	Medicaid	9/9/2015	Unassigned Provider	Main Office
Garcia, Ana	38	7887586	BCBS	4/19/2015	Unassigned Provider	Main Office

Clinical Registry Reports

- The result set can be sorted on any column by clicking on the column heading
- Reports may be exported as either an Excel spreadsheet or PDF tearsheet
- Results can be searched and filtered using the filter box at the top of each column
  - Click the filter bar options info button for an overview of how the search functionality works

Clinical Registries - Diabetes

Filter Bar Options

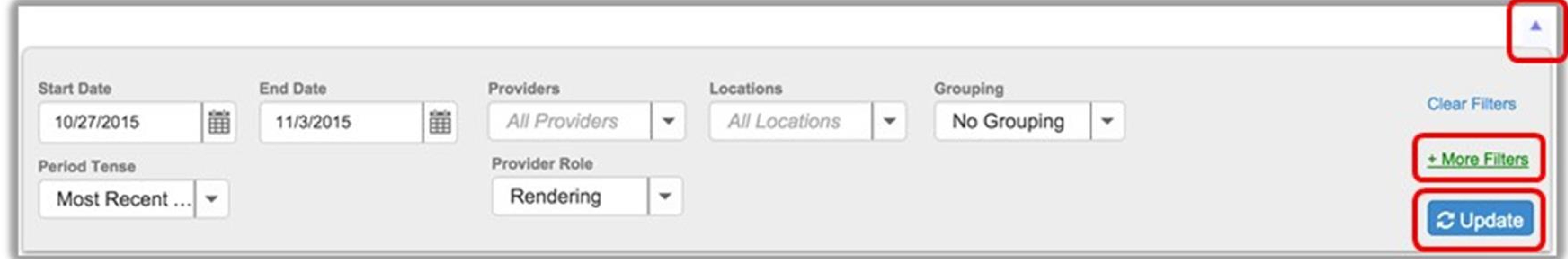
Name	Age	MRN	Primary Payer	Most Recent Med Enc	Provider	Location
Arnold, Melinda				8/15/2015	Bar, Samuel	Adult Health
Burgess, Lena				9/9/2015	Unassigned Provider	Main Office
Garcia, Ana				4/19/2015	Unassigned Provider	Main Office
Reynolds, Darrin				4/13/2015	Parker, Philip	Adult Health
Guerrero, Roberta				8/2/2015	Unassigned Provider	Main Office
Watts, Constance				7/13/2015	Unassigned Provider	Adult Health

Patient Information

Usual Provider	Unassigned Provider
Date of_Birth	09/15/1976
Race	Pacific Islander
Ethnicity	Hispanic/Latino
Language	Unmapped
Address	559 Brighton Ave

Clinical Registry – Filtering

- Results can be filtered based on a period of time, specific providers or specific locations
- To customize your analysis, choose the filters / parameters, and click the **Update** button
  - Pressing the **More Filters** button from within the filters screen opens an additional popup screen of filtering options
  - The filter panel can be collapsed by clicking the button



What does the Visit Planning Report Do ?

- Performs an ***electronic chart audit*** for chronic and preventative care action items for each scheduled patient.
- Facilitates ***more efficient*** pre-visit planning by allowing care teams to review patients' ***preventative and chronic care alerts, in one report.***
- Displays ***only actionable items*** to keep the team focused.
- Displays patients' ***chronic illnesses*** and ***risk factors*** to help staff identify high need patients ***who need additional care coordination.***

Clinical Operations - Patient Visit Planning

Facilitates more efficient pre-visit planning sessions by allowing care teams to review alerts for patients with upcoming appointments

- Displays *only* relevant and actionable items to help teams prepare for visits
- Displays active diagnoses and relevant risk factors
- Alerts indicate whether particular clinical parameters, labs or screenings are (a) missing, (b) overdue or (C) not in "good" control
- Alerts are ***configurable***

Diagnoses
✧ Diabetes
✧ Hypertension
✧ Asthma
✧ Depression
✧ HIV
✧ CHF
✧ CAD
✧ IVD

Risk Factors
✧ Tobacco User
✧ Pregnant
✧ Obesity (OBS)
✧ Severe Mental Illness or Psychoses (SMIP)
✧ Substance Abuse or Dependence (SAD)

Alerts	
✧ A1c	✧ BMI
✧ LDL	✧ BMI Percentile
✧ Eye Exam	✧ Mammogram
✧ Monofilament Exam	✧ Pap Smear
✧ Nephropathy Screen	✧ Asthma Severity
✧ Flu	✧ Depression Screening
✧ PCV	✧ Nutritional Counseling
✧ Blood Pressure	✧ Physical Activity Counseling
✧ Tobacco Status	✧ Colorectal Cancer Screening
✧ Tobacco Cessation	✧ BMI and Follow-Up
✧ Dental Visit	

Visit Planning Alert Overview

- The report comes with alerts based on national standards (NCQA, MU, HEDIS, UDS), and *set to the strictest standard* where conflicts exist among them.
  - If you set an alert to the strictest standard, it increases your likelihood of success, and simplifies what the team has to focus on
- Please read release notes! They contain valuable information about updates to the system, including updates to the Visit Planning report. Users receive these by email.
- In new releases of CPCI, newly created patient alerts are *turned off* (disabled) to avoid user confusion, so if your practice wants to use them- be sure to turn them on (enable) in the Admin Tab and let users know to expect to see them.

Patient Visit Planning

- Like the Clinical Registries, the Patient Visit Planning report can be run:
  - Prospectively to prepare and plan for patients' upcoming appointments
  - Retrospectively (based on patients' most recent encounter) to review the success of care teams planning, preparation and execution
- The report is organized by provider and appointment time and may be filtered by provider or location
- Reports may be exported and printed as a PDF tearsheet

Augustine, Greg — 2 scheduled appointments

Wednesday, November 04, 2015

11:48 AM Georgia Gallagher — F, 5 (1/4/2010) — English — PCP: Lowry, Zach

MRN: 9925385 — Risk Factors:

Alert Type	Message	Most Recent Date	Most Recent Result
Dental Visit	Overdue		
LDL	Overdue		
Nutritional Counseling	Overdue		
Physical Activity Counseling	Overdue		
Well Child Visit	Overdue		

Wednesday, November 04, 2015

3:11 PM Mark Gross — M, 80 (3/12/1935) — English — PCP: Decelles, Larry

MRN: 3849362 — Risk Factors:

Alert Type	Message	Most Recent Date	Most Recent Result
BMI	Overdue	1/2/2014	
BP	Overdue	1/2/2014	129/92
Dental Visit	Overdue		
Depression Screening	Overdue		
Tobacco Status	Overdue		
Adult Weight Screening	Overdue	1/2/2014	19.20
HIV Screen	Overdue		

Bailey, Marianne — 3 scheduled appointments

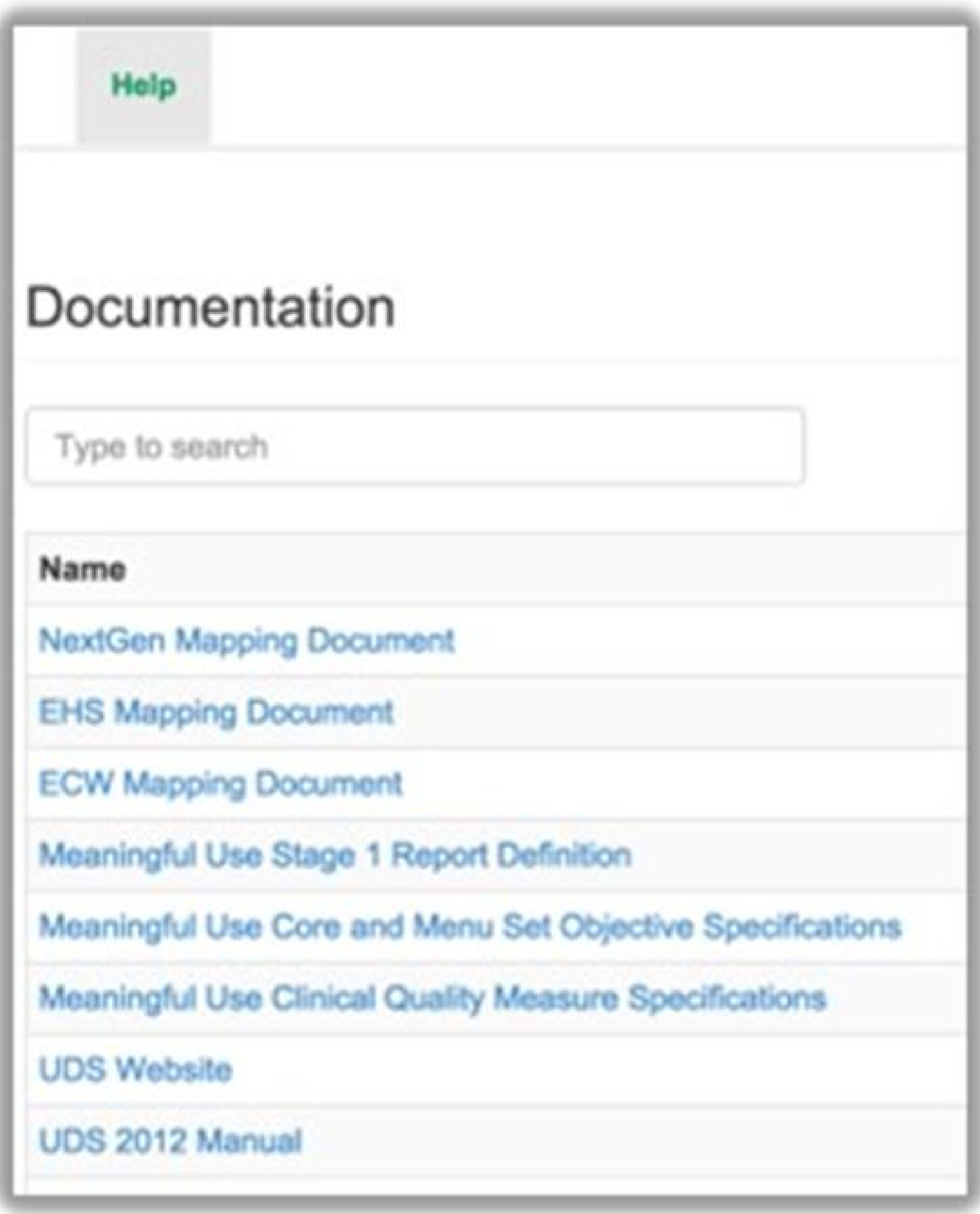
Wednesday, November 04, 2015

Customizing the Pt Visit Planning Report

- Alerts can be configured to meet the needs of your center
  - Alerts can be turned on / off
  - Alerts can be associated with specific diagnoses
  - Lookbacks can be varied and modified
  - Min and Max values for labs and blood pressure can be changed

The Help Screen includes links to:

- The User Guide
- A mapping document detailing where data has been pulled from your source system for inclusion in CPCI
- Websites of compliance organizations (CMS)



Key Contact Information

- For technical support or to report data quality concerns, contact Azara Technical Support

  support@azarahealthcare.com

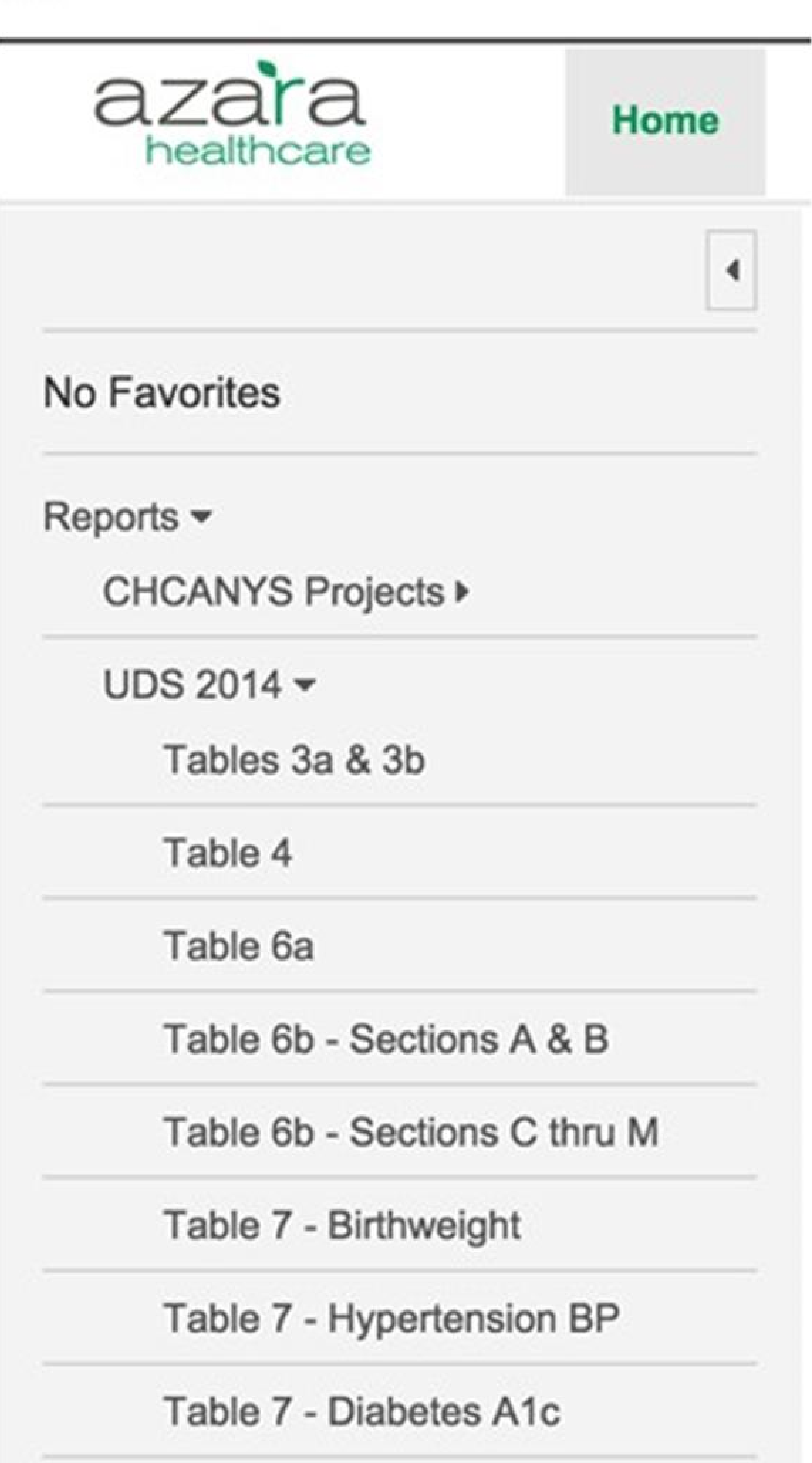
- CPCI URL
  https://DRVS.azarahealthcare.com/xxx

- **When you report an issue … be specific !**
  - What Report / Measure were you running ?
  - What Filters were you using ?
  - Provide examples (e.g., MRN) ?
  - What were you expecting ?

UDS Reporting and CPCI

Current UDS Reports that exists in CPCI include:

- ***Table 3a***: Patients by Age and Gender
- ***Table 3b***: Patients by Ethnicity, Race and Language
- ***Table 4***: Selected Patient Characteristics
- ***Table 6a***: Selected Diagnoses & Services Rendered
- ***Table 6b***: Quality of Care Indicators
- ***Table 7***: Health Outcomes and Disparities



UDS 2015

The finalized 2015 manual came out in mid-September!

Key changes include:

- Table 6b
  - Addition of an oral health measure in Section N, Dental Sealants for Children
- Table 7, Section C
  - Removal of the need to report on diabetics with an A1c between 8 and 9; All that is now required for submission is (a) A1c < 8 and (b) A1c > 9 or untested
- ICD-10 Transition
  - BPHC is making accommodations to receive 2015 UDS data drawn from both ICD-9 and ICD-10 codes
  - Additionally, HRSA has added language to the 2015 manual which will allow for the use of standardized code sets

"… the use use of official versions of vocabulary value sets as contained in the Value Set Authority Center (VSAC) is encouraged for organizations capable of appropriately using this resource as defined below to support the data reporting of these quality of care measures."

UDS 2015 – Azara Strategy & Approach

Azara is addressing these items as follows:

- Table 6b Addition
  - The new Dental Sealant measure was included in our release this past weekend
- Table 7, Section C Changes
  - As was done with the 2014 changes, Azara will leave all the more detailed breakouts in place to allow centers to look at a greater set of detail which can then be easily added together at the time of submission
- ICD-10 Transition
  - HRSA added language to the 2015 manual allowing for the use of standardized code sets
  - Azara has adopted the ICD-10 code sets from the Value Set Authority Center (VSAC) that maintains the codes for the Meaningful Use CQMs
  - This is ***critical*** as the BPHC has publicly stated that in 2016 they will be ***shifting*** to the MU CQM specifications for the Table 6b measures

QUESTIONS?

Feedback Survey

THANK YOU!!