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healthcare



MPCA
Montana Primary Care Association

DRVS to Support Panel Management

MTPCA User Group

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Transformation

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Today's Topics



PANEL MANAGEMENT BASICS



PREPARING DRVS FOR PANEL MANAGEMENT



PANEL MANAGEMENT IN ACTION



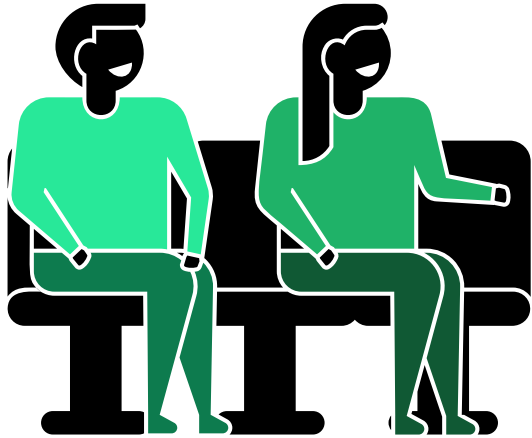
WHAT'S NEW IN DRVS



Panel Management Basics



Creating a Common Definition



Panel

The group of patients assigned to an individual provider/care team.



Empanelment

The act of assigning individual patients to individual providers/care teams, with sensitivity to patient & family preference.



Panel Management

The ongoing management of panels.



Barriers to Empanelment

Where to Start: Many practices want to work towards empanelment but are unsure where to start or **lack the data** insights needed for success.

Patient Complexity: Not all patients require the same level of care. Some patients have **complex medical and psychosocial** needs, requiring **more time and resources**.

Demand

Panel Size Management: Determining **the ideal number of patients** a primary care physician can manage is difficult.

Resource Allocation: Initial panel clean up and **ongoing maintenance**/monitoring.

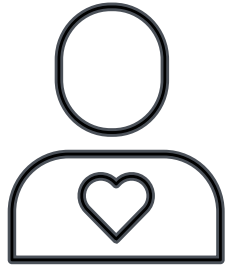
Trust and Engagement: There can be a **lack of trust** between physicians and decision-makers, making it **difficult to implement changes effectively**.

Administrative Burden: The process of assigning patients to specific providers and managing these assignments can be **administratively burdensome**, especially **without clear guidelines and support**.



Benefits of Empanelment

Why Does it Matter?



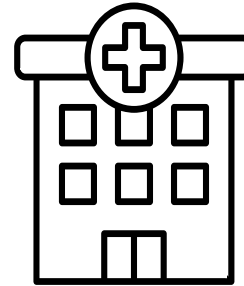
Patient

- Continuity of care /relationships
- Builds trust and satisfaction
- Health outcomes
- Patient choice



Provider/Care Team

- Efficiency (reduces the unfamiliar)
- Balance and order
- Satisfaction



Practice

- Workload distribution
- Predicts demand
- Data driven decisions
- System costs
- ER and hospital visits



Panel Management | Measures in DRVS

Usual Provider Assigned

Percent of patients with a Usual Provider assignment

- Do patients have a usual provider assigned?
- Are the providers assigned still active and/or from an appropriate service line?

Panel Size

The number of patients (or average number) with a UDS Qualifying encounter in the past two years that are assigned to a Usual Provider

- Are the number of patients assigned to a provider appropriate?
- What is the right size for your organization.

Provider Continuity

Percent of encounters where the patient is seen by their usual provider

- Assess opportunity to improve access or need for additional providers.

4-Cut Provider to PCP Match

Patients where the recommended 4-Cut Provider matches the assigned EHR Usual Provider.

- Understand how much 'right sizing' is needed.
- Tool to redistribute patients to improve continuity / reflect actual 'usual provider'



Preparing



Step	Role	Notes
Designate Panel Manager	Practice Leadership	“Panel Manager” is often a hat worn by the Quality Team
Define Appropriate Providers	Medical Leadership	Define who should be included in the 4-Cut calculation
Update DRVS with 4-Cut Providers	Panel Manager	Update the Provider Admin in DRVS
Determine “Active Patient” definition	Panel Manager & Medical Leadership	Patients with a visit in the last 1 year? 1.5 years? 2 years? 3 years?
Review Average Visits per Patient per Year	Panel Manager	Utilize the <i>Interactions/Patient</i> measure
Review Provider Supply	Panel Manager	Utilize the <i>Appointments/Day</i> measure
Calculate “right” panel size	Panel Manager	Divide Provider Supply by Patient Demand



Acting



Step	Role	DRVS Tool and Considerations
Assign – Assign unassigned primary care patients to a usual provider	Panel Manager	Usual Provider Assigned Measure, apply PC service line: Filter details list to “unassigned” Usual Provider. Consider 4-Cut provider recommendation or other operational needs. Update patient health record.
Clean Up – What providers are assigned to patients but are no longer with the practice?	Panel Manager	Panel Size Measure: Filter details list to usual providers no longer with the practice. Consider 4-Cut provider recommendations or other operational needs. Update patient health record. What about assignments made in error like dental or other specialty providers?
Current State – What are our current panel sizes, are they equitable?	Operations/CMO/Panel Manager	Panel Size Measure: Evaluate your average panel size, and then compare this by individual provider assignment. What actions might you consider?
Access – Are patients able to get in to see their “Usual Provider”	Operations/CMO/Panel Manager	Provider Continuity Measure: Consider 4 Cut Provider Measure if changes are needed.
Adjust – Full or part time providers, close/open panels as appropriate or Risk Adjust	Operations/CMO/Panel Manager	Panel Size Measure, average and individual Primary Care Service Line: Group by *Risk level or chronic conditions.
Ongoing Review and Maintenance	Panel Manager	Panel Management Dashboard Panel Management Measures, Provider Continuity Measure, 4 cut to PCP match.



Preparing DRVS for Panel Management

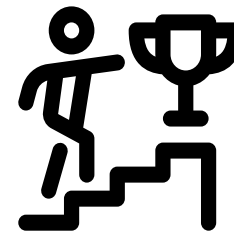


Preparing



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Designate a Panel Manager



Implement processes for:

- Assigning PCP at or before first visit
- Validating PCP at check in
- Redistributing patients when providers leave the practice
- Requests to move a patient (either by the patient or the provider) to another panel

Rigor around use of PCP/Usual provider field

- Review PCP assignments as part of the daily huddle-included on the PVP
- Training for established or new support staff/front desk

Identify unassigned patients regularly and use standardized process to assign them

- Consider a PDSA to ensure ongoing follow up or as a standing QI agenda item
- Regular data review for ongoing compliance



Preparing



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Define Appropriate Providers

Use the “Included in 4-Cut Calc” column in provider admin to manage who is shown in the 4-Cut provider filter.

Provider Administration ⓘ

PROVIDERS 11

PROVIDER GROUPS 7

Note that changes made to 4-Cut providers will not be reflected immediately. The measure must be re-processed and will be made available on the following Monday.

0 providers selected + Actions ▾

All Active Deleted

Search Providers...

<input type="checkbox"/>	PROVIDER NAME	NPI	EMAIL	EHR SERVICE CATEGORY	UDS SERVICE CATEGORY	PANEL SIZE	EHR STATUS	QUAL ENC PAST YEAR	INCLUDE IN FILTER	INCLUDED IN 4-CUT CALC
<input type="checkbox"/>	Unassigned Provider			NULL	Ignore	3	Active	False	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fritz, Renata		rfritz@ach.org	Internists	Internists	256	Active	True	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Bridgewater, Bill			General Practitioners	General Practitioners	260	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Crowley, Patrick			General Practitioners	General Practitioners	273	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Black, Ronda		rblack@ach.org	General Practitioners	General Practitioners	253	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Winslow, Francine			General Practitioners	General Practitioners	266	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Gunther, Eric			Family Physicians	Family Physicians	277	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Decelles, Larry			Family Physicians	Family Physicians	254	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Smith, Joe		jsmith@ach.org	Family Physicians	Family Physicians	233	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Doe, Jane		jdoe@ach.org	General Practitioners	General Practitioners	249	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Augustine, Greg			Family Physicians	Family Physicians	263	Active	True	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



4-Cut Provider

Recommended PCP based on the 4-Cut Method

Calculated using only primary care service line appointments

- If there has **not been a primary care appointment in the last 2 years**, there **will not be a recommended provider listed**.

Cut	Report Description	Assignment
1 st Cut	Patients who have seen only one provider in the past year.	Assigned to that sole provider.
2 nd Cut	Patients who have seen multiple providers, but one provider the majority of the time in the past year.	Assigned to majority provider.
3 rd Cut	Patients who have seen two or more providers equally in the past year (no majority provider can be determined).	Assigned to the provider who performed the last physical exam (by CPT code)
4 th Cut	Patients who have seen multiple providers.	Assigned to last provider seen.



Who Should be Included in the 4-Cut?

Define your standards for who can serve as a Primary Care Provider.

Who to include in the 4-cut calculation?	
Include:	Do Not Include:
MD	Most Specialists (Dentists, podiatry, BH, etc..)
DO	MAs
NP	Providers who have left
PA	Providers who will be leaving
Decide as an organization: OB/GYN, Urgent Care only providers, etc.	



Recommended Provider = No Match

The recommended provider will display as No Match if:

- Patient hasn't had a visit in the last 2 years.
- The recommended provider is not included in the 4-cut calculation and the patient has not seen another provider in the last 2 years.

Panel Match - 4-Cut Provider to PCP

PERIOD: TY February 2021 | RENDERING PROVIDER: All Rendering Provid...

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ... | All | Gaps | Num | Measure Investigation Tool

ASED	MOST RECENT ENCOUNTER			NUMERATOR	PROVIDER SPECIALTY	PRIMARY CARE VISITS PAST			RECOMMENDED 4CUT PROVIDER	4CUT METHOD	FYING ENCOUNTER COUNT
	DATE	DER	DN			LAST VISIT (4CUT)	2YRS (4CUT) ↑	YR (4CUT)			
	8/20/2019	PER...	Du...	N	Family Medicine		0	0	NO Match	NO Match	
	6/25/2019	SHU...	Bri...	N	Family Medicine		0	0	NO Match	NO Match	
	10/29/2019	GOL...	Ne...	N	Family Medicine		0	0	NO Match	NO Match	
	6/19/2019	SHU...	Bri...	N	Family Medicine		0	0	NO Match	NO Match	
	3/6/2019	SHU...	Bri...	N	Family Medicine		0	0	NO Match	NO Match	



Rendering vs. Usual Provider

Rendering Provider

The Provider or Location that the patient saw/visited in the Period.

A patient can be seen by multiple providers or at multiple locations in the same period.

When to Use:

When you to want to see data/outcomes based on who saw the patient.

Usual Provider

The Provider or Location assigned to the patient in the EHR.

Usual Provider is generally the PCP, not all centers document a Usual Location.

When to Use:

If you want to see a specific PCP's patients' performance.



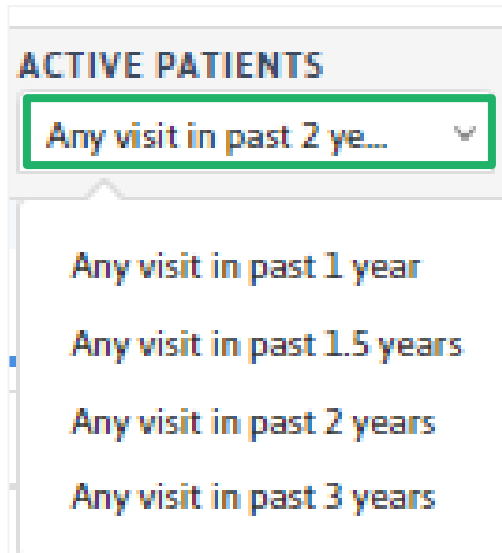
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Determine “Active Patients”

ACTIVE PATIENT FILTER ALLOWS FOR MORE FLEXIBILITY IN DEFINING THE TIMEFRAME THAT DETERMINES YOUR PRACTICE’S ACTIVE PATIENTS:



The “Active PC Patients” filter can be used to limit patients who have had at least **one qualifying encounter in the Primary Care service line** in the time periods listed



Preparing



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Calculating Supply & Demand

Supply = Workdays x visits/day

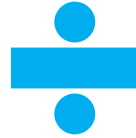
Demand = Visits/patient/year

In DRVS:

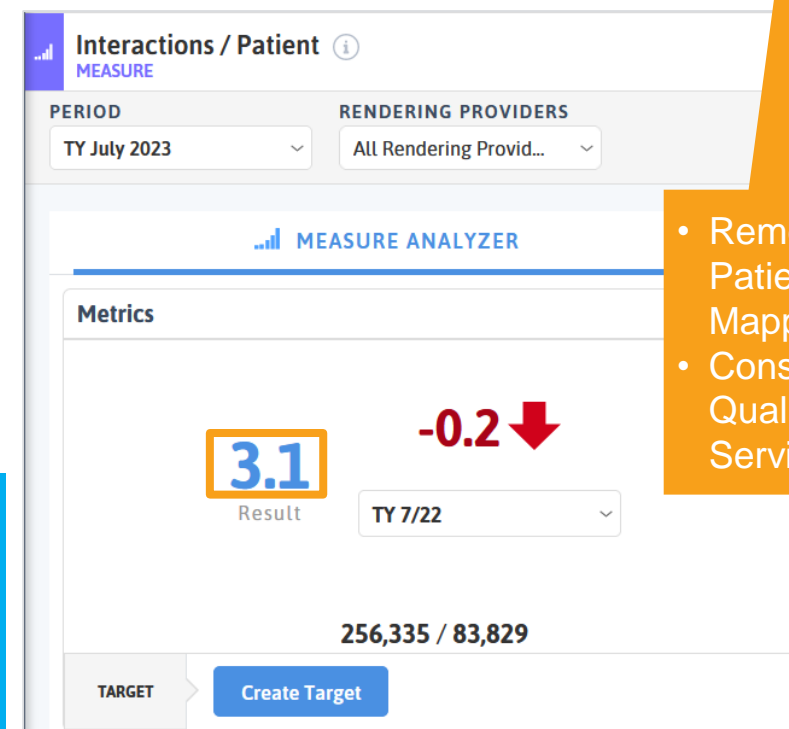
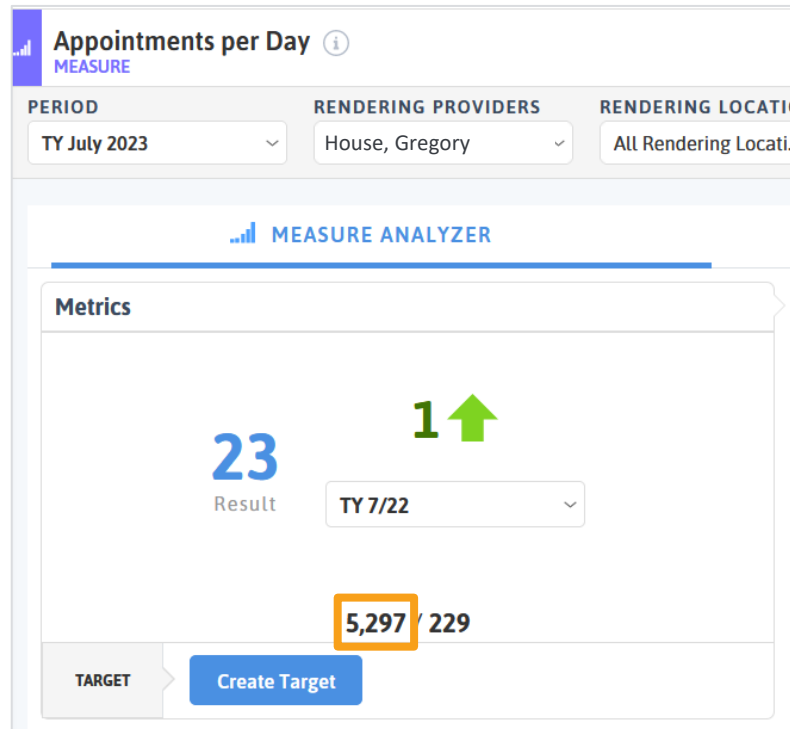
Appts per day measure

In DRVS:

Interactions/patient measure



5,297 appts per year
/ 3.1 visits per year
=
1,708 slots required
per year



- Remember to review Patient Interaction Mapping!
- Consider adding Qualifying Encounter and Service Line filters.



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Calculating Panel Size

Practice Panel = Unique Pts in 18 mo

Target Panel = Practice Panel / FTE Clinical Providers

6,000 pts / 4 FTE = 1,500 pts/FTE

Demand

Panel Size x Visits/pt/yr

1500 x 3.19 = 4,785 slots/yr

Supply

Provider Visits/day x Provider days/yr

20 x 230 = 4600 slots/yr



Panel Management in Action



Review



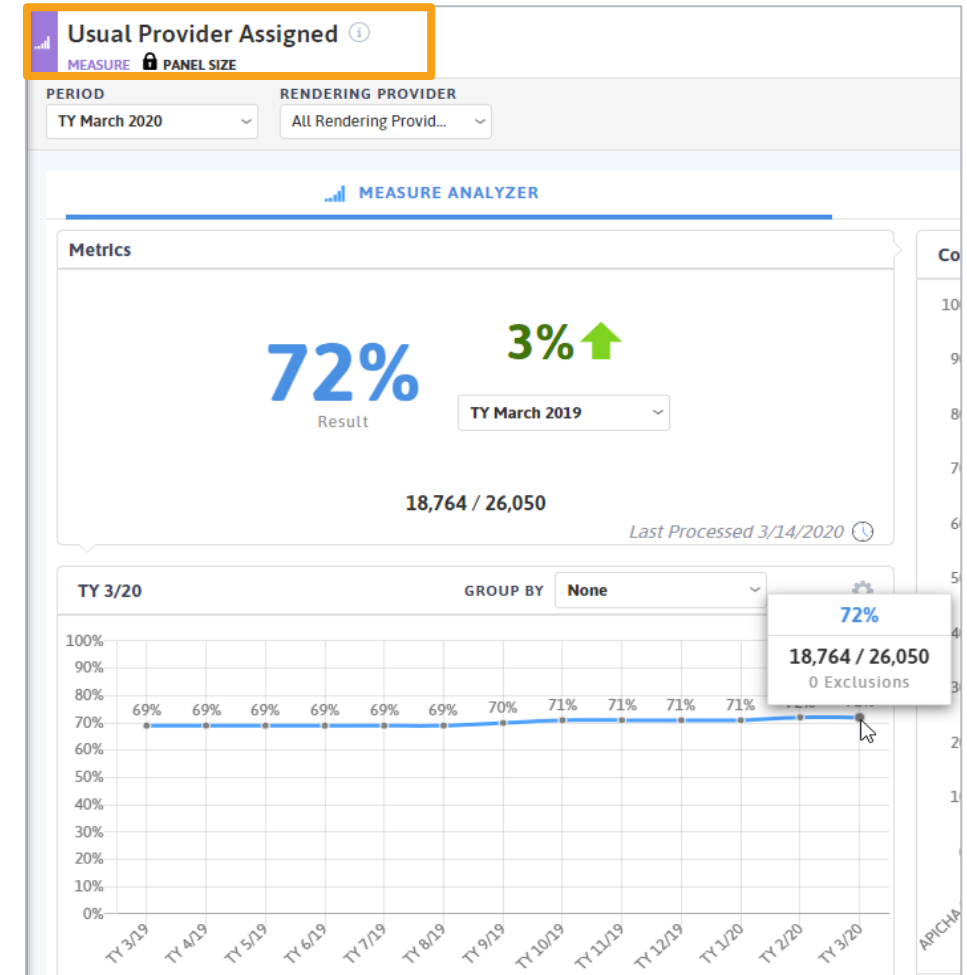
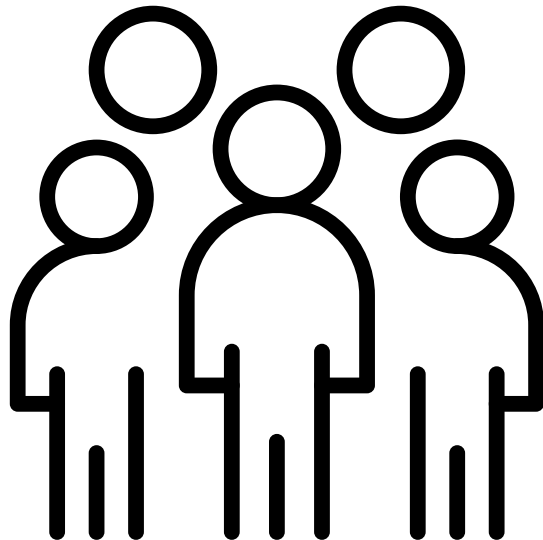
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Usual Provider Assigned

REPRESENTS THE % OF PATIENTS WITH A USUAL PROVIDER ASSIGNED IN THE EHR.

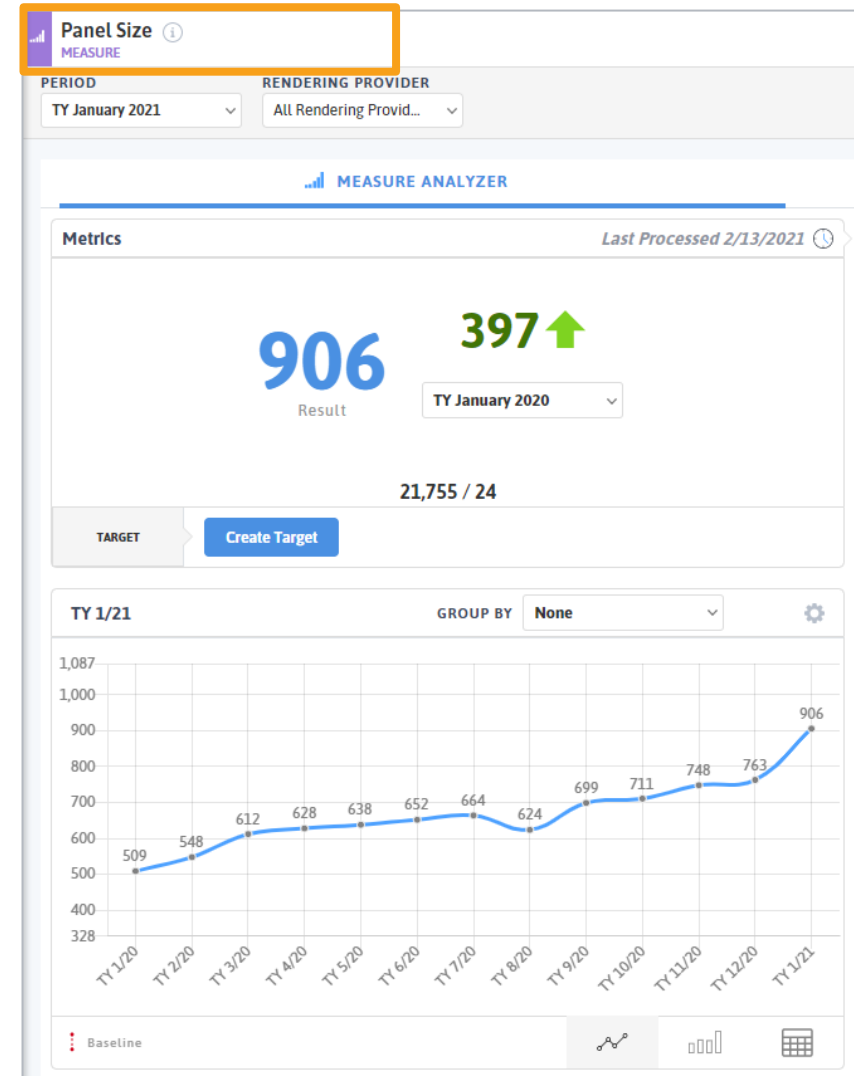
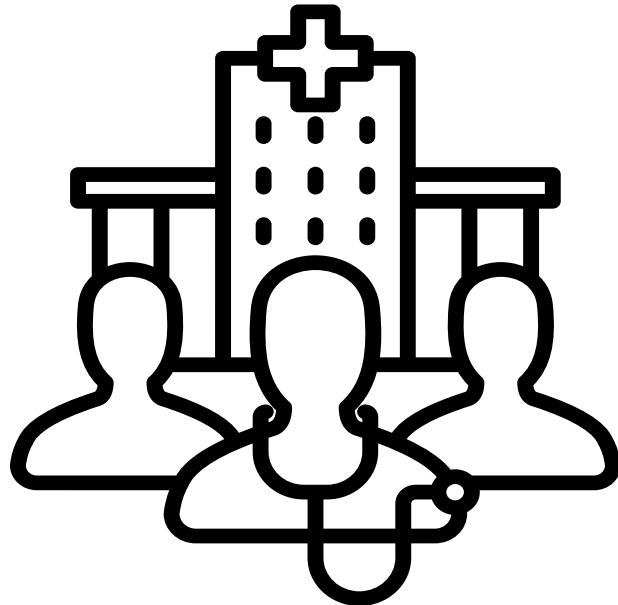
- 26,050 patients with an encounter
- 18,764 or 72% have a Usual Provider assigned



Panel Size | Practice Level

AVERAGE PANEL SIZE ACROSS THE ORGANIZATION.

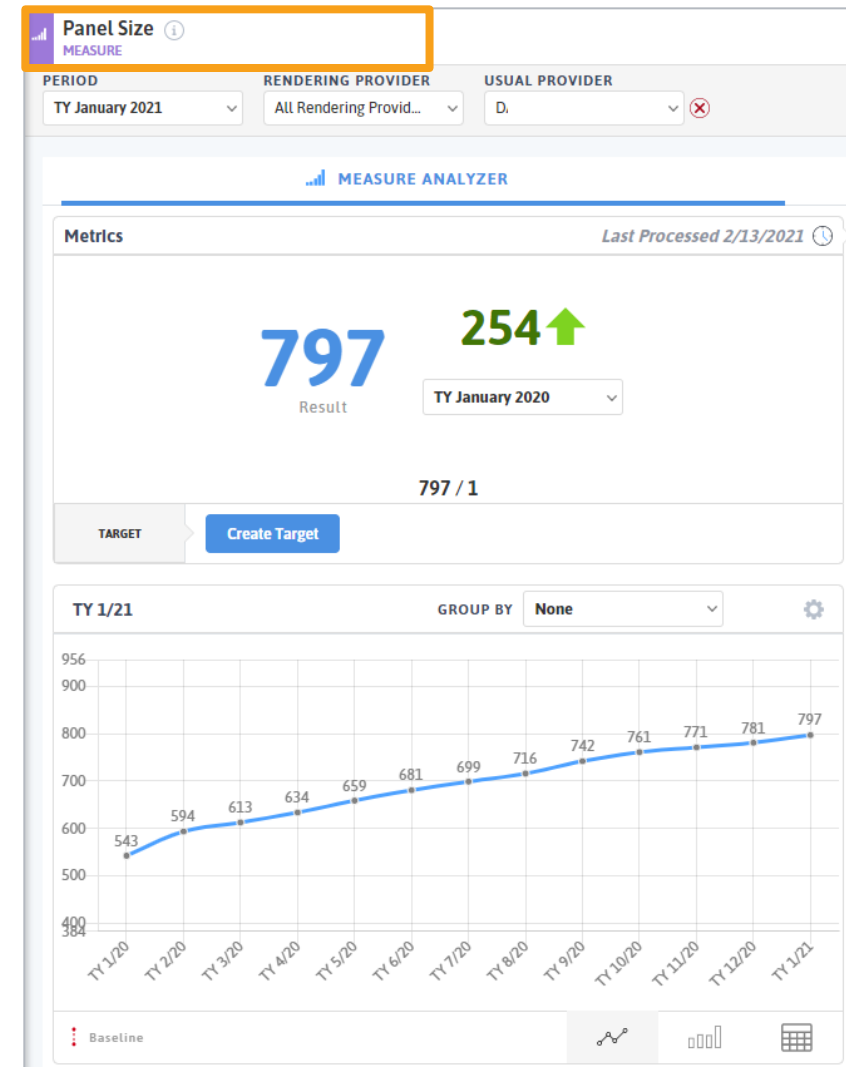
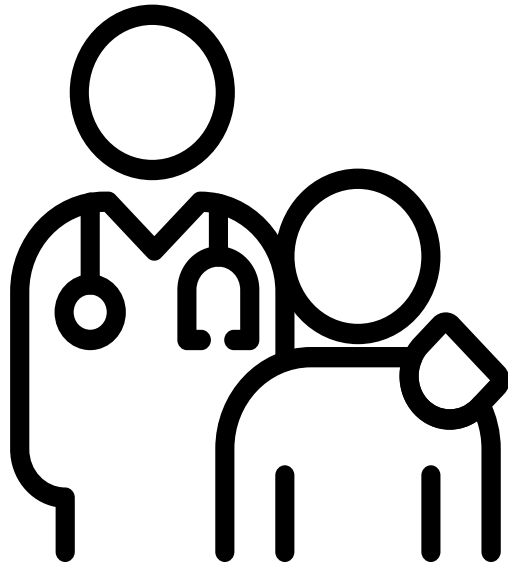
- 21,755 patients with an encounter
- 24 providers
- 906 patients per provider average



Panel Size | Usual Provider Level

FILTER TO ONE USUAL PROVIDER
PANEL SIZE FOR THE FILTERED PROVIDER

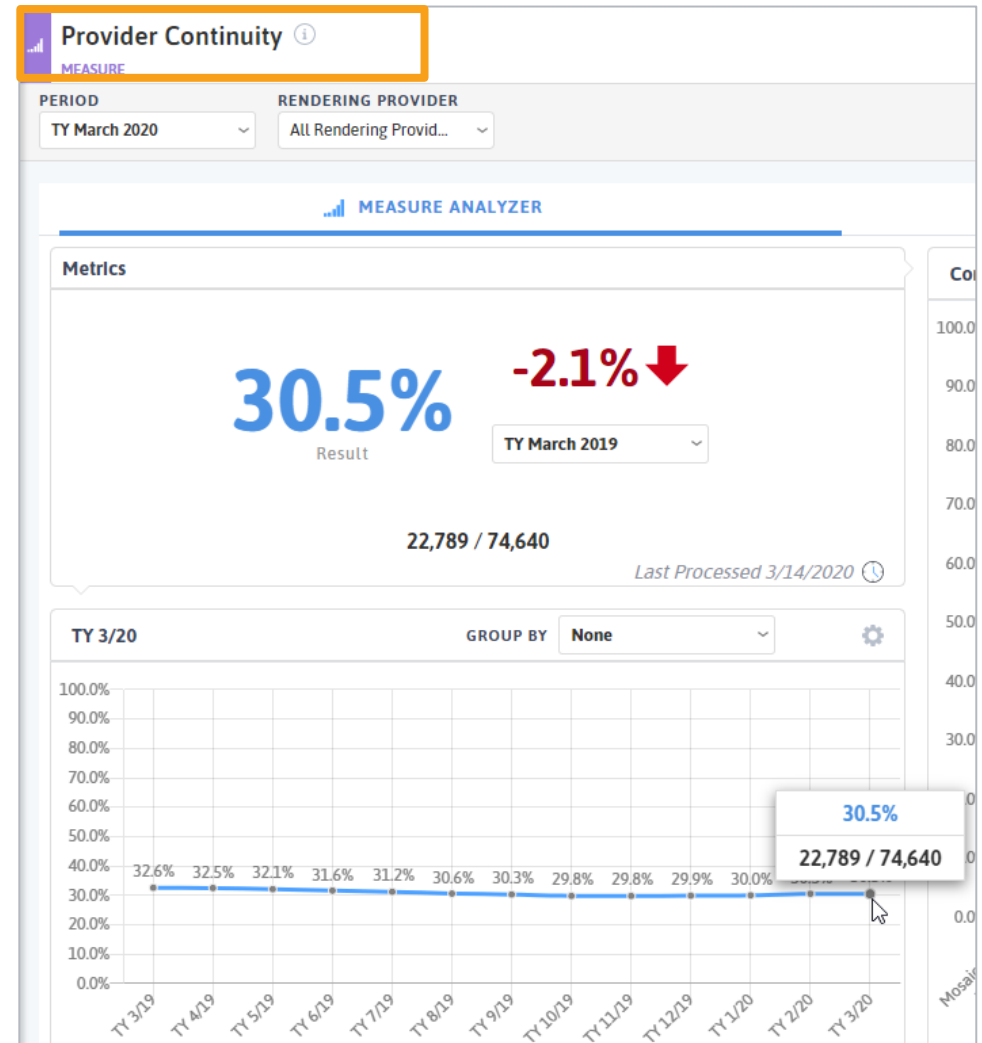
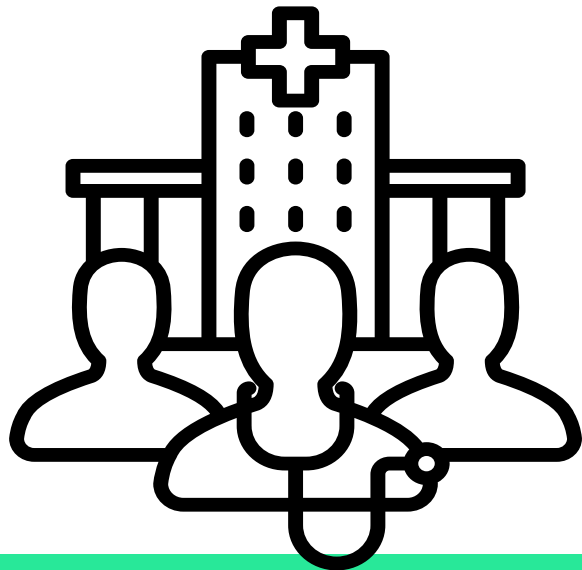
- 797 patients with an encounter for this provider.



Provider Continuity | Practice Level

ENCOUNTERS WHERE THE PATIENT SAW THEIR USUAL PROVIDER.

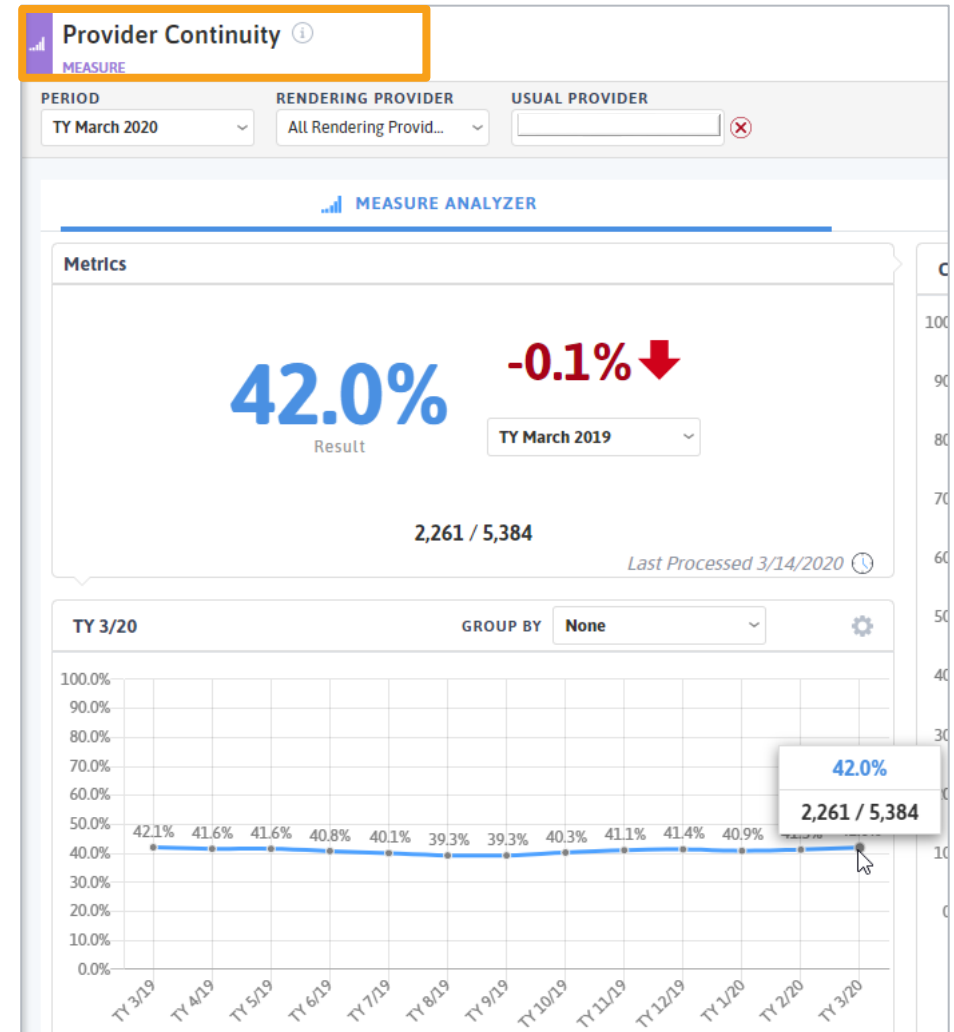
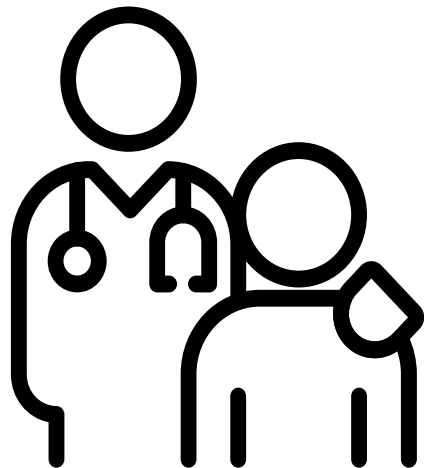
- 74,640 is the number of encounters where Dr. X is the Rendering Provider.
- 22,789 is the number of encounters where Dr. X is also the Usual Provider.



Provider Continuity | Usual Provider Level

At the Usual Provider level, this represents the % of encounters where the Usual Provider saw his/her own patients.

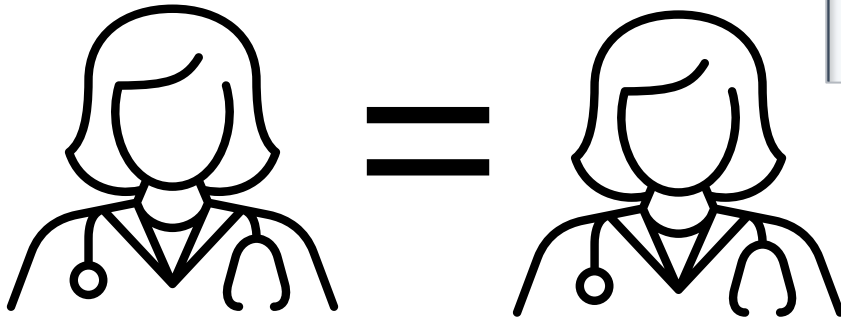
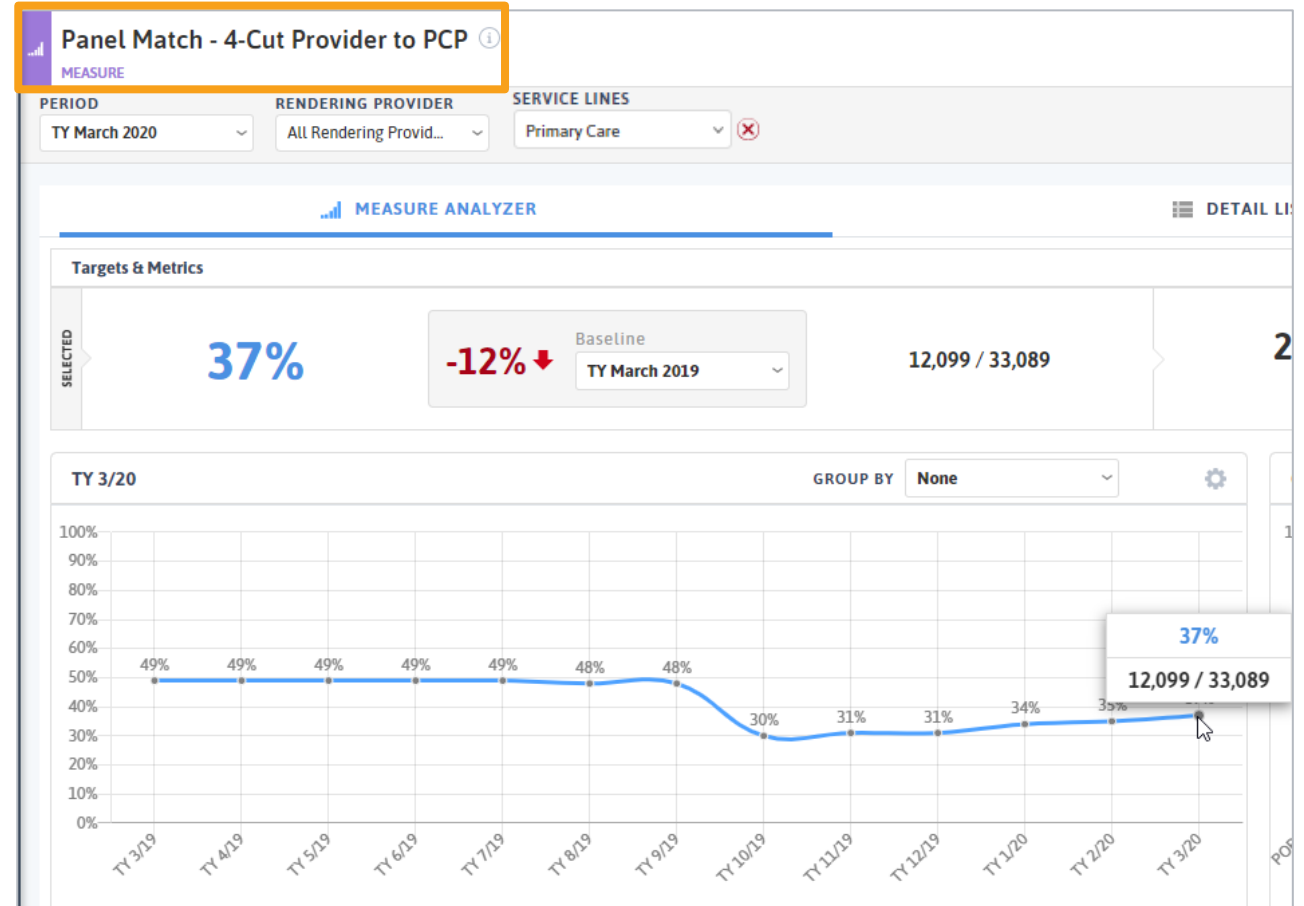
- 5,384 is the number of encounters where Dr. X is the Usual Provider.
- 2,261 is the number of encounters where Dr. X's patients were also seen by Dr. X.



4-Cut Provider to PCP Match

Panel match represents % of patients where the Usual Provider and the recommended PCP are the same.

- 33,089 is the number of patients with a visit in the last 2 years.
- 12,099 is the number of patients where the EHR Usual Provider is the same as the recommended 4-Cut provider.



Panel Size | '4 Cut' Detail

The individual patients that make up a provider's assigned panel can be reviewed to understand and compare who the patient's suggested provider might be based on visit patterns.

Panel Size ⁱ
MEASURE

PERIOD: TY March 2024 | USUAL PROVIDERS: All Usual Providers | ACTIVE PATIENTS: Any visit in past 2 ye...

MEASURE ANALYZER | DETAIL LIST

Search Patients ...

All | Gaps | Num

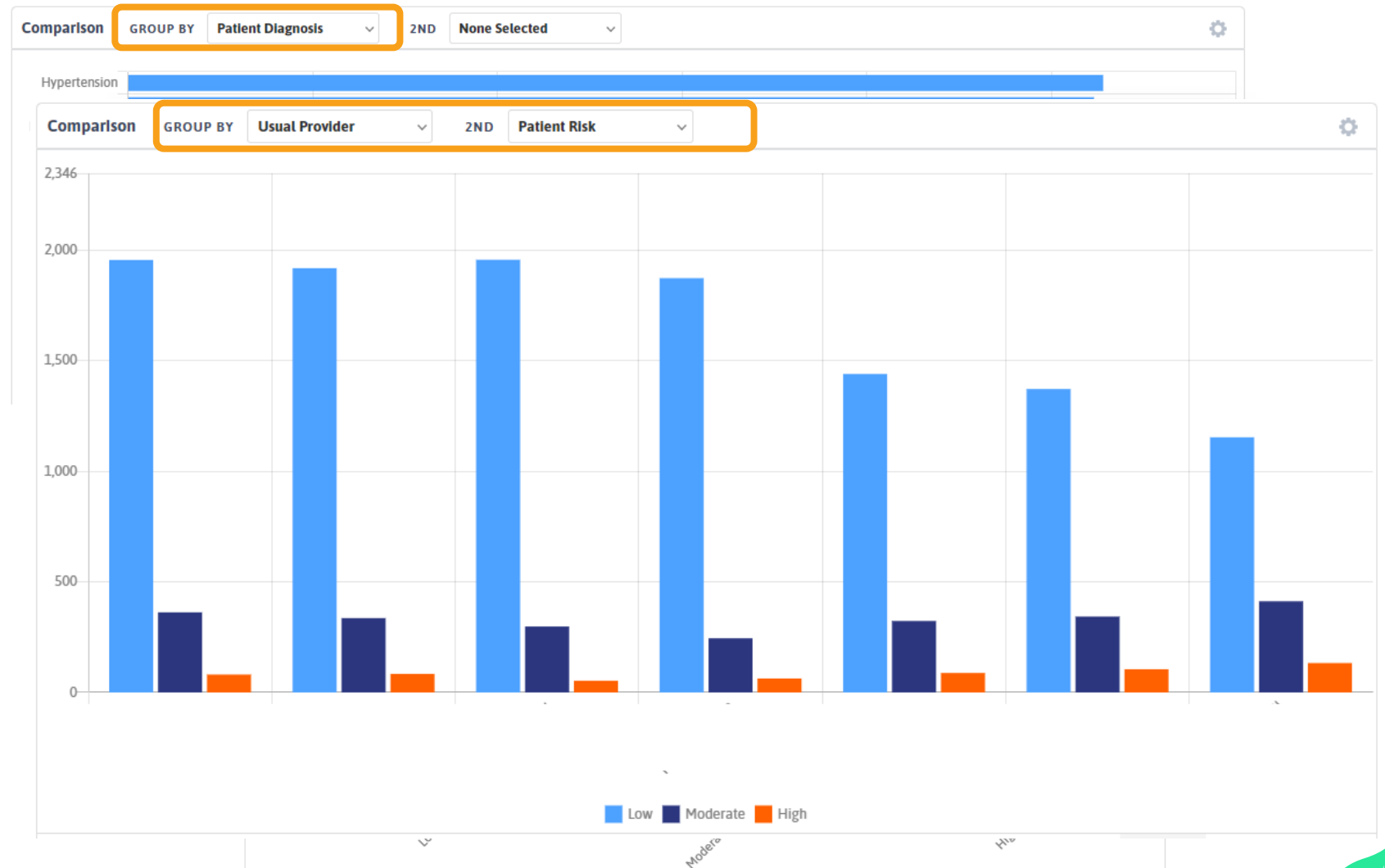
DEMOGRAPHICS >	USUAL		PRIMARY CARE VISITS PAST				
NAME	DATE OF BIRTH	PROVIDER	LAST VISIT (4CUT)	2YRS (4CUT)	YR (4CUT)	RECOMMENDED 4CUT PROVIDER	4CUT METHOD
Aalbers, Jack	7/18/1996	House, Gregory	10/15/2021	1	0	Mejido, Daniel	Single Provider
Aalderink, Syreeta	9/10/1969	Branchburg, Tom	6/17/2022	1	0	Plant, Robert	Single Provider
Aasby, Lean	6/12/1989	Houser, Dougie	1/17/2024	2	2	Mejido, Daniel	Majority Provider
Aavang, Lewis	6/2/2007	Cote, David	6/30/2023	1	1	Plant, Robert	Single Provider
Abbs, Rod	1/14/2014	Houser, Dougie		0	0	NO Match	NO Match
Abdulkarim, Sid	12/4/1973	Weixel, Evan	1/2/2024	1	1	Houser, Dougie	Last Physical
Abramowitz, Robbie	9/16/2010	House, Gregory	5/23/2023	1	1	Plant, Robert	Last Physical
Absher, Clayton	6/17/2013	Jones, James	1/26/2023	1	0	Houser, Dougie	Single Provider
Ackins, Lucien	1/11/1974	House, Gregory	1/1/2024	2	2	Mejido, Daniel	Single Provider
Adduci, Rebecca	1/12/2005	Plant, Robert	8/7/2023	1	1	Ryan, Frank	Single Provider
Adelstein, Danna	10/7/1999	Weixel, Evan	10/11/2022	1	0	Jones, James	Last Physical

Panel Size | Provide Context

The panel size can be reviewed in many different contexts.

Filter to a single provider to better understand the patients that make up that panel.

Filter to multiple providers to compare the distribution of patient characteristics across multiple panels.



Panel Management + MAWV

Medicare Annual Well Visit Member Based **MEASURE**

FILTERS: 2024

MEASURE ANALYZER

55% ↑ 55% 2022 ▼

455 / **829**
0 Exclusion(s)
Create Target

Comparison

GROUP BY Center

2024

GROUP BY None

Year	Performance (%)
2022	0%
2023	12%
2024	55%

829 patients need an MAWV in the year – does your practice have the slots available?

VALUE SETS

Category	Performance (%)
Center	55%

Panel Management + Annual Physicals

Physicals - Adults MEASURE

FILTERS: TY October 2024

MEASURE ANALYZER

42% ↑ 3% TY 10/23

2,527 / 6,007

Create Target

VALUE SETS

GROUP BY Center

TY 10/24

GROUP BY None

Time Period	Performance (%)
TY 10/23	38%
TY 12/23	37%
TY 2/24	39%
TY 4/24	41%
TY 6/24	44%
TY 8/24	43%
TY 10/24	42%

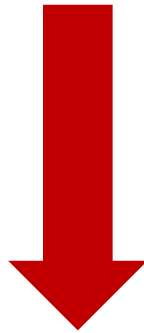
~6,000 patients need an annual physical every year – does your practice have the slots available?

Center	Value (%)
Center	42%

Gap Closure v. Annual Visit Outreach

Ad-hoc calls to close gaps:

- Multiple outreach efforts for a single patient
- Potential duplication of efforts across teams



No guarantee of visit or gap closure

MAWV + annual physicals

MAWV = payment + MSSP contract fulfillment
Annual physicals = opportunity to close care gaps
and boost patient engagement



Highly efficient forms of patient interaction



Opportunities

If demand is greater than supply:

- Have nurses perform annual wellness visits
- Direct efforts at scheduling annual visits over ad-hoc gap closure
- Review point of care alert closure workflows and adjust alerts on the Patient Visit Planning report to align with priority measures



Using Data as Information

Run supply and demand data regularly to ensure panels continue to be appropriately sized.

Use to inform ongoing empanelment and staffing needs

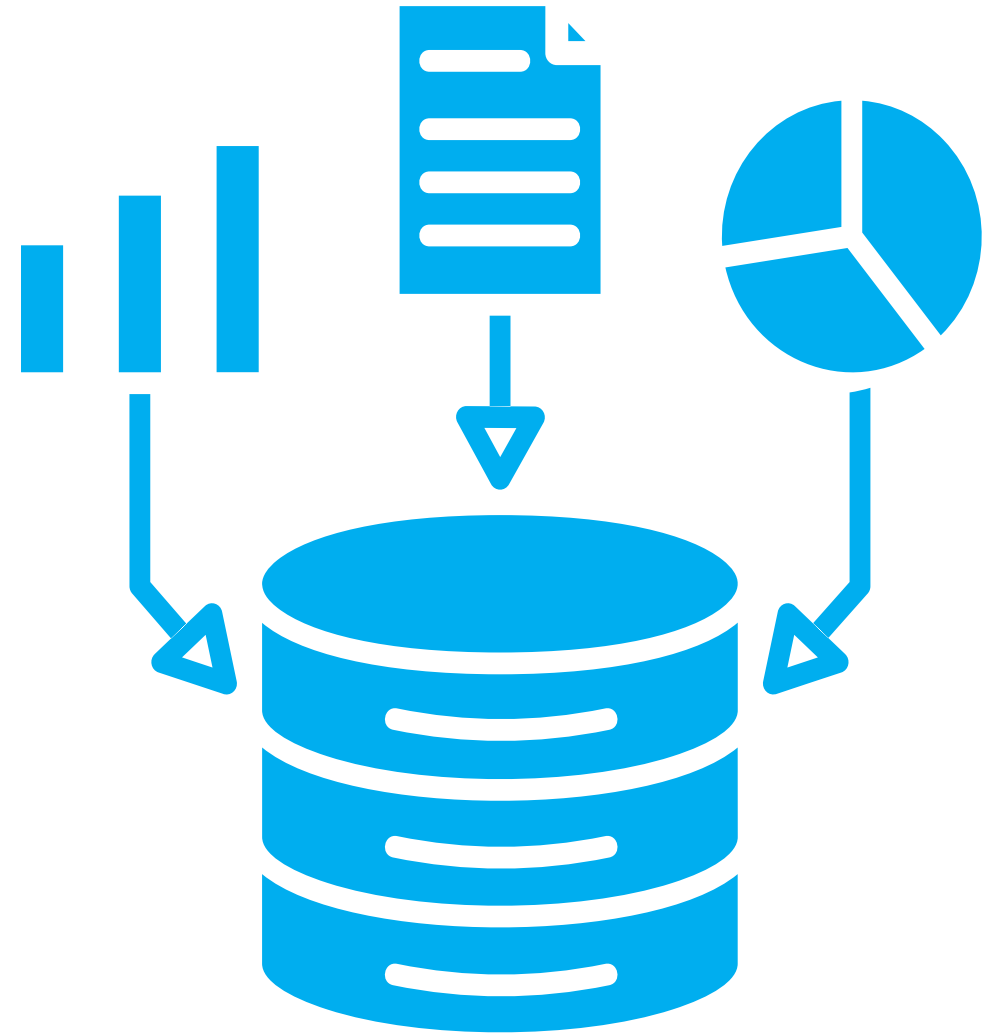
Regularly review outcomes for panels and act rapidly for improvement

Operational outcomes

- Are patients being assigned to a panel in a timely manner?
- Are they being scheduled with the assigned provider?
- Are registries being used for the patient panel to support care management?
- Are they being seen regularly by that assigned provider?

Clinical outcomes

- Is measure performance impacted?
- Are patients getting in for annual visits?



Resources

Panel Management

- <https://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Empanelment.pdf>
- <https://www.safetynetmedicalhome.org/sites/default/files/Empanelment-Pushback.pdf>
- <https://www.safetynetmedicalhome.org/sites/default/files/PCP-Assignment.pdf>
- <https://www.ahrq.gov/sites/default/files/wysiwyg/ncepcr/tools/PCMH/pcpf-module-31-facilitating-panel-management.pdf>



DRVS

- [Risk Overview](#)
- [Provider Admin Quick Tip Clip](#)
- [Provider Filters Quick Tip Clip](#)



UDS CY24 Tables: Updated



UDS CY24 Table Updates

Table reports updated to content for 2024 reporting year

Table Updates For CY 2024 Requirements

- Switch to 2024 CQM Versions
 - Table 6b
 - Table 7b
 - Table 7c
- Update Table 6a to 2024 manual instructions, notable changes:
 - Line 26e for Childhood development screenings: per manual instruction, patients now limited to age under 18 yo
 - Line 21e for PReP management: switch to single ICD-10 code, Z29.81, to count in charge-based column

Additional Content to Support Reporting

- Table 6b Rendering Location Filter
 - Filter is now available by default
 - Allows users to limit counts in measures to patients with countable visit at locations in-scope for HRSA grant
- Appendix E, Question #4 on Screening for Family Planning Needs
- Measure released: Annual Family Planning and Contraception Screening
 - Numerator count provides the value necessary for the EHB entry



Measure Administration Page: Now Available!



Measure Administration Page

The measure administration page lists all measures available from the left-hand navigation and search bars. By utilizing this function, you are able to streamline access and view of measures to ensure that other users at your practice can easily find and interpret relevant information. Configuring measure admin may enhance the user experience, provide clear & actionable insights, and increase overall efficiency by minimizing time spent navigating through measures.

NAME	CATEGORY	DESCRIPTION	HIDE IN NAVIGATION
HEDIS HDO - Use of Opioids at High Dosage (Plan Calculated)	Plan Calculated HEDIS Measures	Plan calculated version of Use of Opioids at High Dosage (HDO)	No
Low Birth Weight - Per 1000	Prenatal/Postpartum	The average number of low birth weight infants (<2,500 grams) per 1,000 newborns. (low birth weight infants/total deliveries)*1000	No
Low Birth Weight - UD5 7a	Prenatal/Postpartum	Babies delivered during the measurement period whose birth weight is below normal (under 2,500 grams).	No
Transitions of Care (Notification - Plan Calculated)	Plan Calculated Measures	Plan calculated version of Transitions of Care - Notification of Inpatient Admission: Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).	No
6 Year Old Immunizations	Universal Scorecard	Percentage of Children Age 6 Who Have Up To Date Immunizations	No
A1C - Questionable	Data Health	A1c lab records with a result that is questionable or potentially invalid.	No
Abnormal Breast Cancer Screening Follow-Up	Preventive / Well-Care	Female patients aged 40-75 who have had a breast cancer screening in the last 12 months with a result indicating possible malignancy and have received the appropriate follow-up according to the results	No
Abnormal Cervical Cancer Screening	Preventive / Well-Care	Patients with one or more screenings for cervical cancer where the result was interpreted as abnormal, requiring additional follow-up to assess potential malignancy.	No

All users are able to view measure admin. Those with measure admin permissions can make configurations such as hide/un-hide. Category refers to the measure folder(s) in the left-hand navigation bar. Measures can be included in one or more folders.

- Use Cases

- "I work as a grant writer and I want to see what measures DRVS has available in my reporting. I can use the Measure Admin Page."
- "I work as an admin at a practice (or network) and want to configure what my staff sees, and hide measures not relevant to us."



Measure Administration Page: Now Available! | 2



Measure Administration Functionality (click on gear icon on the far right side of a measure):

- View: Opens measure analyzer in a new tab.
- Hide/Un-hide
 - Ability to hide or un-hide from the left-hand navigation bar and search.
 - *Note*: hiding/un-hiding will only change visibility for other users with the same scope (i.e., if a network user hides a measure - that measure will be hidden from other network users but not other practice users).
 - Does not hide the measure from pins (hidden measures still show in pins but not in the left-hand navigation & search bars)
 - Does not hide measures on dashboards/scorecards that exist if measures are added prior to hiding them, but hidden measures will not be available to add once hidden.
- Category refers to the measure folders in the left-hand navigation bar. Measures can be included in one or more folders.



Dashboard Update:

“YTD Progression” Option Now Available on Line Chart Widget!



Edit Widget - Cervical Cancer Screening - YTD

NAME: Cervical Cancer Screening - YTD

MEASURE: Cervical Cancer Screening (CMS 124v12)

MEASURE COMPONENTS: Result

PERIOD TYPE: Year

GROUPING: None

OF LOOKBACK PERIODS: 5

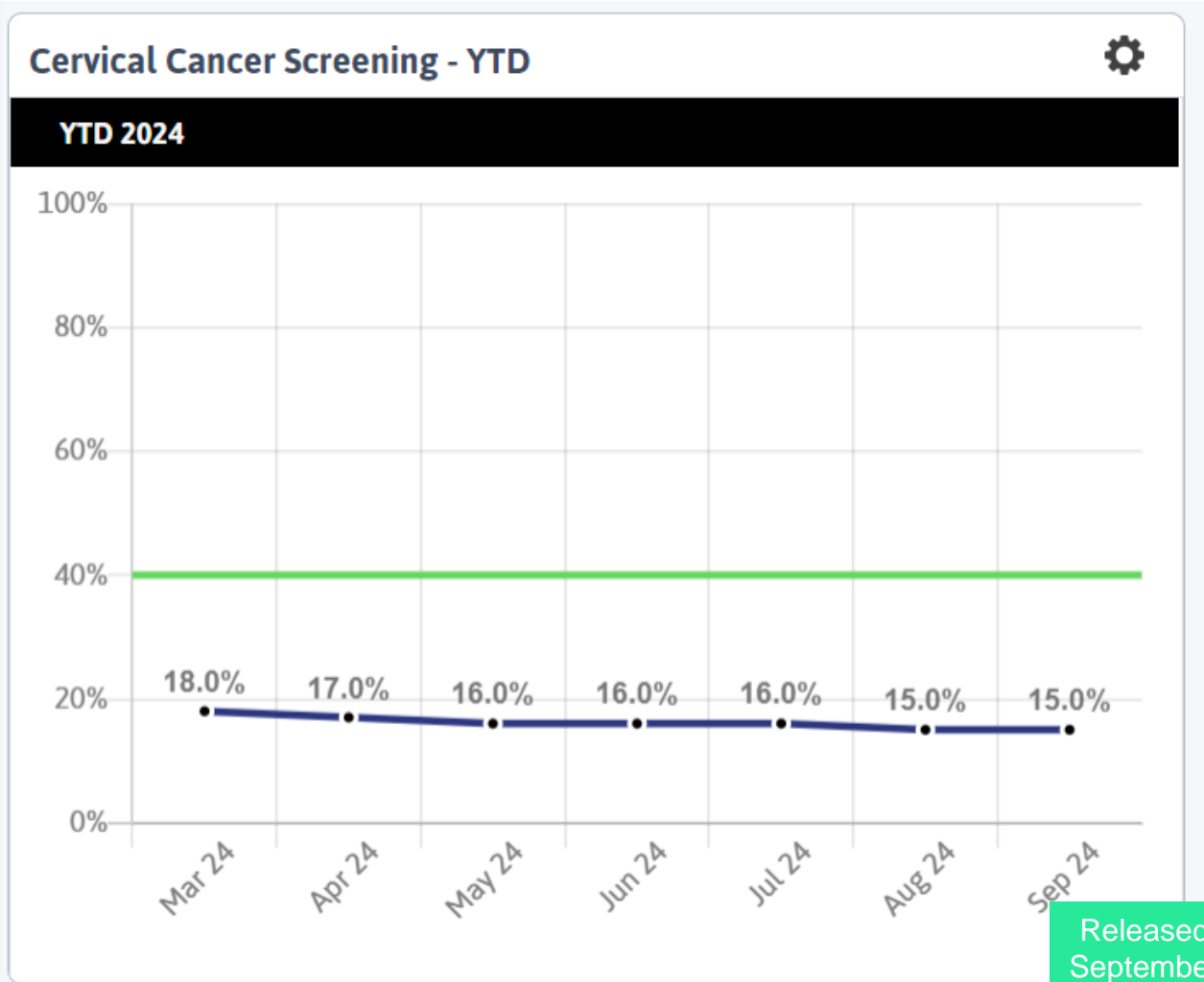
OPTIONS: Display Labels Auto scale chart y-axis YTD Progression

Buttons: Cancel, Confirm

“YTD Progression” option is now available when:

- “Use Global Period” is set to NO in dashboard configuration
- Widget type is Line Chart
- Period selected in Edit Widget screen is “Year”
- Measure is a UDS CQM

Depicts your current progress for this measure over the current year, instead of a full calendar year snapshot.



Released September 2024





UDS+ Reporting with Azara

COHORT 1 & 2 ARE COMPLETED... WHAT'S NEXT?

Azara submitted CY23 UDS+ data for **129 health centers** in Cohorts 1 and 2

Our focus is now on **providing a seamless UDS+ submission experience** for our users for CY24 reporting

HOW IS AZARA SUPPORTING CY24 UDS+ REPORTING?

- We offer UDS+ submission to our customers **free of charge**
- We currently **meet the HRSA requirements** for CY24 reporting
- Next year, authorized users can create and **kick-off UDS+ submission in DRVS**
- It is our intention to submit the **Controlling High Blood Pressure** (CMS165 v12) measure *(this is the HRSA preferred / recommended measure to submit)*

WHAT CAN YOU DO TO PREPARE FOR NEXT YEAR?

- Join our fall **UDS webinar**
- Consider our **UDS Preparation Sessions**
 - Receive in-depth validation of select UDS measures and surface opportunities for workflow improvements

Calendar Year 24 (CY24) UDS+ Reporting Requirements

*The EHB remains the official report of record for CY24 UDS reporting
UDS+ Submissions are due by April 30th, 2025*

Patient Population Requirement

Submit data for your medical (primary care) patients

Demographics Requirement

- Submit the demographic table data:
- Patients by Zip Code
 - Table 3a: Patients by Age and Sex Assigned at Birth
 - Table 3b: Demographic Characteristics
 - Table 4: Selected Patient Demographics

Clinical Quality Measure Requirement

- Submit 1 eCQM from one of the clinical tables:
- Table 6B: Breast Cancer Screening
 - Table 6B: Cervical Cancer Screening
 - Table 6B: Colorectal Cancer Screening
 - **Table 7: Controlling High Blood Pressure***
 - Table 7: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- *HRSA's recommended measure / Azara supported measure for CY24 submission*



Released
August
2024



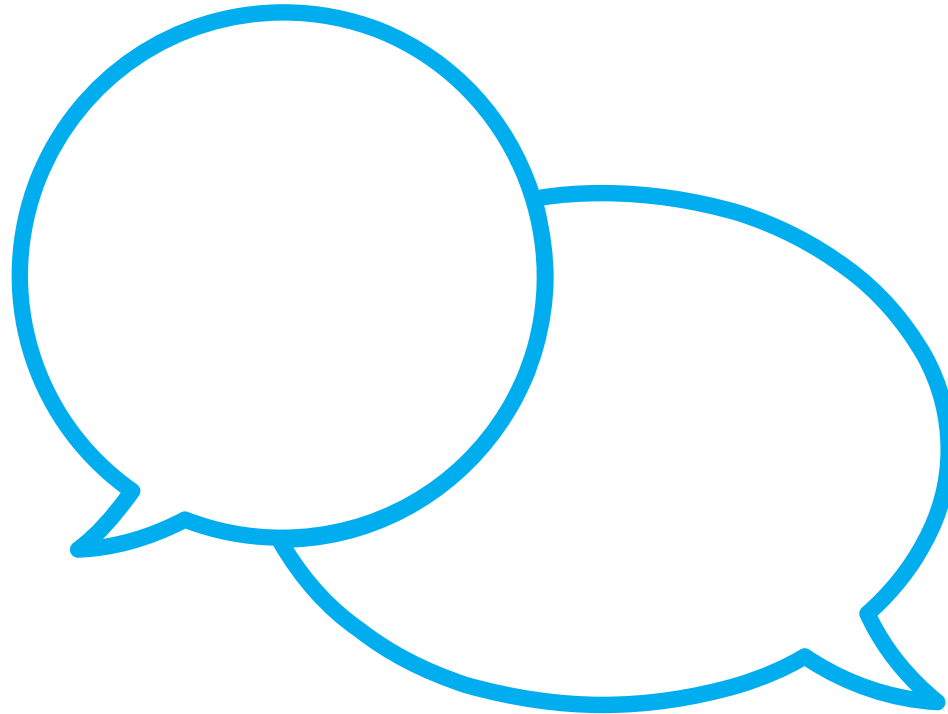
Call for Abstracts!

We are seeking engaging presentations that showcase your achievements using DRVS, your innovation/expertise in anything related to the world of population health and value-based care, or both!

Submit abstract details by 11.1.24

Learn more at: www.azarahealthcare.com

Questions?



References

- Murray M, Davies M, Bouchon B. Panel size: How many patients can one doctor handle? Family Practice Management. April 2007: 45-51
- Murray M, Davies M, Bouchon B. Panel size: Answers to physicians' frequently asked questions. Family Practice Management. Nov/Dec 2007: 29-32
- Safety Net
<http://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-Empanelment.pdf>
- <http://hiteqcenter.org/Resources/HITEQResources/tabid/122/ArticleID/329/Title/Link/Empanelment-Defining-and-Establishing-Patient-Provider-Relationships/ArtMID/718/Default.aspx>

