



Adirondack Health Institute

Lead • Empower • Innovate

Practice Transformation Workgroup

PRESENTED BY:

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A decorative graphic on the left side of the slide consists of three overlapping hexagons: a red-outlined one at the top, a yellow one to the left, and a green one at the bottom.

June 18, 2020



- Opening/Welcome – L.Villani
- Hixny Update – Lora-Ashley Lusabia
- NCQA Updates – L.Villani and J.Swartzman
- PCMH Annual Review – L.Villani and B.Stiles *Please be prepared for discussion*
 - *Are you using the tracker?*
 - *Are your policies and procedures up to date?*
 - *How are you doing with your quality metrics?*
 - *What do you need help with?*
- Reopening – Group Discussion
 - *How is going?*
 - *Do you need anything?*
- Open Forum

Hixny Update: Provider Portal Reports

LORA-ASHLEY LUSABIA


Manager of Account Services

Hixny®

Overview

- Preset reporting to help providers improve patient outcomes, increase cost effectiveness and ensure adherence to value-based models and care management requirements.
- Uses data from across the healthcare community, these reports reflect care your patients may have received somewhere else.
- These reports help make informed decisions about your patients' next step in care.

Where to Find Reports



The image shows a laptop displaying the provider portal interface. A blue arrow labeled '1' points to the 'Reports' tab in the top navigation bar. Another blue arrow labeled '2' points to a list of seven categories on the left-hand side of the page. The categories are: General, Complex, Acute, Chronic, Geriatric, Quality Improvement, and Additional Reports. The main content area of the page displays the text: 'Please select a patient category from the selection panel on the left.'

REPORTS TAB
Click on the tab along the top of the provider portal screen labeled *Reports*.

FIND REPORTS
Once you are in the reports tab, you will notice a list of seven categories on the left-hand side of the page. Within each of these categories, you will find reports that are populated using the near real-time data available in Hixny.

Using Hixny's Reports to Identify Next Steps in Care

[VIDEO](#)

Available Reports

QUALITY INDICATOR CATEGORIES ACCORDING TO HEDIS GUIDELINES

Gap List:

- Needs Breast Cancer Screening
- Needs Colorectal Cancer Screening
- Hypertensive, Needs BP Screening
- Diabetic, Needs Lab Test

At-Risk:

- Blood Tests Indicate Diabetes, No Diagnosis
- Diabetic, Poor Control
- BP Indicates Hypertension, No Diagnosis
- Hypertensive, Uncontrolled

Compliant:

- Has Qualifying Breast Screening
- Has Qualifying Colorectal Cancer Screening
- Hypertensive, BP Controlled
- Diabetic, HbA1c Tested

OTHER CATEGORIES

Comorbid Indicators:

- End Stage Renal Disease
- Pregnancy
- Palliative Care
- Double Mastectomy

Admissions:

- Emergency Department Utilization
- Skilled Nursing
- Hospice

Quality Measurement

- Diabetes, HbA1c Testing
- Diabetes, Poor Control
- Controlling High Blood Pressure
- Breast Cancer Screening

Additional Reports

- COVID-19

- The list is not exhaustive
- Using the reports, you can:
 - View multiple reports at once
 - Search
 - Sort
 - Download
 - Ability to “work” a list

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Virtual Training Sessions

- **Virtual Training: Navigating Hixny's Provider Portal**
 - **Date: Wednesday, June 24**
 - **Time: 10:00 AM**
 - **Topics:**
 - ✓ Walking through login
 - ✓ Finding Key information
 - ✓ Search most up-to-date clinical information
 - ✓ View and print important document
 - ✓ Locate next of kin contact information
- **Next Virtual Training**
 - **Provider Portal Reports - TBD**



- Covid - 19 response page is being continually updated
 - https://www.ncqa.org/covid/?utm_medium=email&utm_source=sf&utm_campaign=covid-rp&utm_term=20200320
- At this point, all 2020 dates have been extended to 12/31/2020
- To access FAQs, visit <http://ncqa.force.com/faq> or go to your myncqa account and click on the FAQ button in the lower right of the screen.



PCMH Published FAQ Updates January-June

CM 01

Posted: April 07, 2020

Could a chronic condition be considered under the high cost/high utilization category if it is expensive to treat?

The intent behind the high cost/high utilization category is that the practice is actively measuring the total cost of services or how much utilization occurs. A diagnosis of a condition may not be used as a proxy for high cost/high utilization. For instance, measuring the number of patients with uncontrolled asthma would not count under high cost/high utilization, but if those patients have multiple ER visits per year, this would be considered high utilization.

PCMH

Print or Share

AC 04

Posted: April 07, 2020

For AC 04, must a practice report on calls during and after business hours?

Yes, to meet AC 04 a practice's report must include calls received both during and after business hours. If the practice has different standard response time expectations during and after business hours, they may format this as two separate reports.

PCMH 2017

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PCMH Published FAQ Updates January-June

KM 13

Posted: April 07, 2020

Do benchmarked/ performance-based recognition programs at the organization or health system level meet KM 13?

No, organization or health system involvement in a benchmarked/ performance-based recognition program will not meet. For KM 13, the practice must participate in an external recognition program that assesses the practice or clinician-level performance, using a common set of specifications to benchmark results. The external recognition program should also publicly report results and have a process to validate measure integrity.

PCMH 2017

Print or Share

TC 03

Posted: April 07, 2020

Would being connected to an HIE or RHIO meet the intent of TC 03?

No, connection to an HIE or RHIO alone would not meet the intent of TC 03. A PCMH collaborative activity must be external to practice, involve multiple practices, be ongoing (not a short-term activity), cover multiple aspects of patient-centered care, and involve some level of collaboration between practices to learn and share best practices with their peers. Connection to an HIE or RHIO may help the practice meet elective criterion CC21A.

PCMH 2017

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PCMH Published FAQ Updates January-June

TC 04 & QI 17

Posted: April 07, 2020

Can a large organization meet TC 04 and QI 17 through a shared Patient and Family Advisory Council (PFAC)?

Organizations may share a Patient and Family Advisory Council (PFAC) among sites as long as every site has representation on the council. Large organizations with many sites may consider creating multiple PFACs based on region or clinic type.

PCMH 2017

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QI 11

Posted: April 07, 2020

May a practice use qualitative feedback to meet QI 11?

To meet criterion QI 11 a practice must first establish a baseline for a patient experience measure and then set goals and take actions to improve upon this measure. Qualitative measures can be used if the qualitative feedback can be measured and the baseline can be compared to any improvement. An example of this may be the practice trying to reduce the total number of negative feedback responses they receive through a suggestion box pertaining to wait times by 50%.

PCMH 2017

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AC 10 & 11

Posted: April 06, 2020

If there is one MD practicing at a site with mid level providers (PA, APRN) would this be considered a solo site for AC 10 and AC 11?

If a PA or an APRN shares a panel of patients with a physician then that team would be considered a solo site since all patients are assigned to the primary provider with a single panel.

If the PA or APRNs that have their own panel of patients and can be selected as a patient's primary care clinician, the site would not be considered a solo site.



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- Do you need anything?



Open Forum / Next Agenda



- AHI Website: <https://ahihealth.org/>
- AHI COVID Newsletter – M&W
- ACO Newsletter

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a·H·I

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