The Military Health Service
Population Health Portal (MHSPHP)
4G Training:
Session 1 Understanding Data
Overview

• CarePoint 4G
  – Brief Overview of the MHSPHP
• Obtaining PHI access permissions
• Announcements
• Data sources
  – Data updates
  – Monthly data
  – Nightly data
• Metrics versus Patient Registries

*Disclaimer: All data displayed is Demo patient data—not real patients
CarePoint 4G

https://carepoint.health.mil

- ALWAYS use CHCS userid and password to create/validate your account*
  - When you PCS, use your new CHCS userid and password to connect to your new location data
  - Always wait 24 hours if just received new password or userid
- When finished validating, close all internet windows and then re-open the MHSPHP

*If you have no CHCS account, contact archie.bockhorst.1.ctr@us.af.mil to obtain patient level access.
To Validate with your CHCS username click on your name before you open the MHSPHP
Profile Settings

- Validate your email address
- Click Verify to obtain or change DMIS of your PHI host location
- When validation done, select your default MTF.
Validate with CHCS User Name and Password

**PHI Verification**

Select the MTF you have a current CHCS account for, then type your CHCS User Name and Password and click the Validate button.

**MTF Name**

Select MTF

**CHCS User Name**

Enter User Name

**CHCS Password**

Enter Password

[Validate] [Cancel]
Validation Tips

• If you recently changed your CHCS password, you will need to wait 24 hours for the new password to be in the 4G source data. Please validate your account at a later time.

• CLICK VALIDATE when done selecting MTF. Once Validation is completed, you can select the MTF you want as your default MTF. If you choose the parent DMIS, you will have access to the parent and all the child DMISs in the MHSPHP. You can come back anytime and change this to any MTF listed.

• When done, Click APPLY and close the Profile Settings window.

• Close all internet windows and then reenter CarePoint and open the MHSPHP.
Launch MHSPHP

- Click on the MHSPHP to launch
Main Page

Announcements to users about data issues and new features
Document library will host Help documents
MHSPHP Blog will host tips from the experts
Requested Features: Click the Plus sign to submit a request
Kudos and Kritiques: Click plus sign to add a comment
Announcements are how we let you know there is an issue with the data or planned down time. You should review daily or set an alert....
How to receive alerts...

– Click on Header of what you want to receive alerts
How to receive alerts...

- Click on list
How to receive alerts...

CarePoint application portal

Set as Home Page

Main Page

new item or edit this list

Alert Me

Set alert on this list

Manage My Alerts
How to receive alerts...

Recommend you add 2 alerts:
- One for “new items are added”
- Repeat the add alert process for “Existing items modified”
- If you choose All changes, you will receive an email with deleted announcements. It is confusing when you receive those as they don’t say it is being deleted, so please add 2 alerts as described above.
Requested Features

• Click on the words Requested Features to see full list
• Go through and LIKE the ones you like to help us prioritize user need. The ones with the most likes get most focus for development.
Navigation Menu

- Is on the left for every page
- Triangle indicates expandable menu item
- Methodology documents contained in 2015 folder when you open that link
- Metrics are in PHDR Reports
- Patient Registries are in PHPM Registries
- My Saved Filters opens saved filters (see training session 3)
• To hide/unhide navigation menu click on square under your name in upper right corner of page
## Patient Registries

**List of Patient Registries**

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>PCM Continuity</th>
<th>Overdue Due</th>
<th>Notes</th>
<th>Patient Name</th>
<th>Appt Date</th>
<th>Appt Time</th>
<th>Appt Type</th>
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<td>ORTHOPEDICS, SAMMC</td>
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Data Sources

- Each metric’s and registry’s data sources are described in the methodology documents
- Data is captured from:
  - DEERS: who is enrolled for metric and list criteria
  - CHCS Enrollment file: for recent enrollment changes
  - CHCS encounter data
  - CHCS Lab data
  - Direct care inpatient coded records
  - Direct care encounter data (CAPER)
  - Purchased care claims for inpt and outpt care
  - All meds dispensed in direct care or purchased care
  - Limited AHLTA data: vitals, TSWF MHSPHP AIM data
Understanding Data Timeliness

- Metrics are run monthly
- Most patient registries are created for all DoD enrollees monthly
  - EX: All diabetics are identified with the monthly update with enrollment and encounter data through the metric month. Recently diagnosed diabetics will not be on the registry
- Most data sources are received monthly
- Data takes ~ 6 wks to receive and process: anticipate update release between 15th-23rd of each month
- Nightly data received from CHCS:
  - Certified final results for Paps, Mammos, Colorectal screens, Hgb A1Cs, cholesterol and Well Child encounters (NEW with 4G)
  - These tests should be on list within 3 days of completion
  - Enrollment data: patients are redistributed on all lists according to nightly CHCS enrollment data (check Duplicate PCM registry for patients who are enrolled to more than one PCM)
- TSWF MHSPHP AIM form data updates ~2-3 wks after entry
- Appointment registry updated every 5-20 minutes
- Inpatient registries are at least nightly
The Posted Dates

• Enrollment data current as of 5/6/2014
  – This reflects nightly enrollment updates
• Monthly metrics/registry patients current through 2/28/2015
  – This is the end date for the metric reporting and the closeout date for monthly process of who gets on which condition lists
  – Methodology documents provide exact measurement windows for each metric
• ACG/Health Services encounters through 11/30/2014
  – ACG and Health Service data has different closedout date for data due to dependence on full year of accurate data to include all claims
  – This date is 3 months prior to the metrics date.
## Registry Timeliness

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Nightly</th>
<th>Updates All Day</th>
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</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>Paps</td>
<td>Appointment List details</td>
</tr>
<tr>
<td>HPV</td>
<td>Mammos</td>
<td>Exclusion details</td>
</tr>
<tr>
<td>Retinal Exams</td>
<td>Colorectal Screens</td>
<td>Patient Safety Registry</td>
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<tr>
<td>Colorectal CTs</td>
<td>Hgb A1C</td>
<td>Patient Details: Encounters and Medications tabs</td>
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<tr>
<td>Triglycerides</td>
<td>CholesterolS</td>
<td></td>
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<tr>
<td>Ht, Wt, BMI</td>
<td>Well Child Encounters</td>
<td></td>
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<tr>
<td>BP</td>
<td>Total WC visit count (&lt;15 months)</td>
<td></td>
</tr>
<tr>
<td>Imaging Studies</td>
<td>Patient Details: Labs, status</td>
<td></td>
</tr>
<tr>
<td>ACG and Health Services</td>
<td>Enrolled DMIS/PCM/Prov Group</td>
<td></td>
</tr>
<tr>
<td>Strepococcal Test dates</td>
<td>Address and phone number</td>
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</tr>
<tr>
<td>All registry columns not listed in Nightly or Updates all day</td>
<td>High Risk Admissions</td>
<td></td>
</tr>
<tr>
<td>Patient details: BP and lists</td>
<td>Duplicate PCMs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overview Counts</td>
<td></td>
</tr>
</tbody>
</table>
Understand data: differences between lists and metrics*

**Patient lists**

- **Purpose:** standardize proactive care for pts with similar conditions/care needs
- **Needs to just be enrolled** “current as of” month
- **TRICARE Prime and Plus**
- **Age criteria may not match**

**DMIS metrics**

- **Purpose:** measure specific processes associated with providing care for these groups of pts
- **Each metric has continuous enrollment criteria**
- **Only Prime, but can choose to view Plus separately**
- **Strict age criteria**

*See methodology documents for other lists specific differences and details.*
Work Flow Ideas on Using Registries

• Use Appointment list to prepare for team Huddles
  – As schedule updates during day, review new acute appts
• Look at future appts and PCM continuity
  – If can’t get all pts with PCM, what about most complex?
• Flag case management, disease management or other special patients with appts
• Flag needed follow-up in the notes
• Proactive manage patient populations
Registry Icons

- Overdue patients flagged
- Due patients flagged
- PCM continuity:
  - Green = with PCM
  - Yellow = with PCM provider group
  - Red = not with PCM provider group
- Has user entered note for patient
- Excluded
- Not enrolled Icon anywhere in Tricare

Mouse over any icon in registry for description

Notes and exclusions are discussed in Training session 2
 Manipulating Columns

Click Column Header and drag to rearrange columns!

- Click on Down arrow to right of title for menu
- Select “Columns” to hide/unhide columns
- Select “Filter” to filter that column
Using Column Filters

• Can filter on two criteria:
  – Choose how to filter on entered criteria from drop down options
  – Ok to leave second filter blank
• Join with AND to meet both criteria (fewer patients)
• Join with OR to meet either criteria (more patients)
• Column filters do not save (Registry filters can be saved)
• Registry filters are discussed in training session 3
Registry Control Icons

- Export to Excel
- Clear all column filters
- Change DMIS
- Restore default column display (unhide columns and restore default order)
- Refresh data (on appointment registry only)
Changing Parent/Child DMIS

- Click Pencil icon—this sticks! When you set the DMISs, Provider groups or PCMs with the Pencil Icon filter, it applies to all registries.

- Appointment registry only filters to DMIS with the pencil filter
Export to Excel

MUST SAVE AS ENCRYPTED FILE IN PROTECTED LOCATION

Will receive email when file ready for download

Then go to User Export List below patient registries (After Well Child)

Exports are limited to 10,000 rows

Once job completed, you can click the Excel icon to download. Report will be available for download for 7 days then auto-delete.
REGISTRY AND METRIC TIPS
Breast Cancer Screening

• Breast Cancer Screening: lists all women 40-75 with no history of bilateral mastectomy
• Metric only measures those over 52
• Metric overdue at 27 months
• Due patients marked at 24 months
• Women 40-50 need to make informed choice regarding breast cancer screening
• See training session 2 for suggestion for managing this registry
Cervical Cancer Screening

- All women 21-65 with no hysterectomy
- Pap Last Exam Date: most recent pap
- System: network, direct (monthly) or ICDB (nightly)
- Source: which lab file
- HPV Last Exam Date: most recent HPV
- Pap/HPV last: Only counts if most recent Pap with HPV co-testing occurred on or after 30th birthday
- Overdue: 3yrs after last pap exam or 5 yrs after last Pap/HPV co-testing date— whichever is later
  - If pap +HPV occurred prior to age 30, the woman needs next pap in 3yrs
- It helps document contesting if the providers use V73.81 during encounters where HPV specimen is taken (along with Q0091 for pap specimen procedure)
Chlamydia

- Metric denominator includes all “sexually active” prime females 16-24
- Army and Navy list only
- Only Active Duty women age 16-24 on list
- Metric includes ALL TRICARE PRIME enrollees age 16-24
- Chlamydia tests are only current through metric month (not nightly—yet)
Colorectal Cancer Screening

• Patients age 50-75
• Date of most recent colonoscopy, Flex Sig and Fecal Occult Blood Test (FOBT) all display
• Overdue if none of following met:
  – Colonoscopy within last 10 yrs
  – Flex Sig within last 5yrs
  – FOBT with in last 12 months
• Colon CT (virtual colonoscopy) date posted, but HEDIS does not count these as meeting criteria
Diabetes

- Dates of last A1C, cholesterol and triglycerides display
- Overdue if A1c is over 12 months
- how pt identified as Diabetic? Meet one of these in last 2 yrs:
  - 2 outpt or ER visits with DM
  - 1 inpt visits with DM
  - Dispensing of Diabetic meds dispensed*
- Insulin yes or no
- Retinal exam date

*Patients with NO diabetes diagnosis are excluded if they have one of the following diagnoses: gestational diabetes, polycystic ovaries, metabolic syndrome, steroid-induced diabetes or pre-diabetes
Diabetes Pop-up from patient details

Shows diabetes list details and how pt met criteria to be on list:

• *Shows most recent 2 outpt encounters
• *Most recent Hospitalization
• *Most recent ER visit
• Most recent 3 dates of diabetic med dispensing

*with any ICD9 diagnosis code of diabetes in the claim or encounter; it does NOT have to be primary diagnosis
Understanding Diabetes List

What to do if your diabetes list has patients that have no evidence in AHLTA of having diabetes:

1. Open up the Pt Detail view for the pt
2. Network encounters are frequently the source—try to get copies of the clinical notes to verify if pt has diabetes or if coding error in network
3. Common direct care coding error: miscoding gestational diabetes (648.8x) as pregnancy complicated with diabetes (648.0x)
   - 648.0x puts pt on list
4. Fix the MTF coding error and the pt will come off the list.
Diabetes Comorbidity

- HEDIS® denominator for HgA1c <7 differs from other diabetic metrics by excluding pts with history of (Comorbidity = “Yes”):
  - Age over 65
  - Coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) in last 24 months
  - Ischemic vascular disease encounter in both last 12 months AND preceding 12-24 months
  - Any history of:
    - Congestive Heart Failure
    - Myocardial infarction (MI)
    - Chronic Renal Failure/End Stage Renal Disease (CRF/ESRD)
    - Dementia
    - Blindness
    - Amputation – lower extremity
High Risk Admissions

- Research showed the pts over 60 or with an elevated Gagne score had a high risk of readmission if they did not have an appt with PCM team within 30 days after admission
Patient Safety

• Admitted patients at high risk of a reportable event

• Patients with recent test results that put them at risk
  – Prolonged PTT
  – Elevated INR
  – Low glucose
Asthma Criteria Details

To be on Asthma list meet one of 4 criteria in last 12 months:

- 4 outpt encounters with any asthma dx PLUS 2 asthma med dispensing events
- 1 Hospitalization with asthma as PRIMARY dx
- 1 ER visit with asthma as PRIMARY dx
- 4 asthma med dispensing events

Details are in methodology document
Understanding Asthma Registry

Big difference between asthma list pts and HEDIS denominator

- Asthma list requires pt meet 1 of 4 criteria in last 12 months
- HEDIS requires the pt meet any 1 of 4 criteria in each of the last 2 yrs
- Criteria details in methodology document found on the documentation menu
Understanding Asthma cont’d

• Persistent
  – 1=Yes Pt met asthma criteria last 12 months and preceding 12-24 months
  – 0=No Pt only met asthma criteria last 12 months (not in HEDIS and may or may not need chronic meds)

• Ratio—is null right now
  – Ratio of controller meds to all asthma meds
  – Lower ratio associated with more complications the next year
    • <0.5 associated with 30% high likelihood of exacerbation requiring ER visit

• Spirometry
  – Date of last spirometry testing
Antidepressant Medication Management

• List has all patients >18 with new dispensing (earliest prescription date) of antidepressant and diagnosis of Major Depression since 20 months prior to Metrics month

• Tmt Days>=84
  – Yes for those pts dispensed 84 days supply of antidepressants in first 114 days of treatment
  – No for pts who did not receive enough supply
  – NA for pts who are not past 231 days treatment as of data update and did not exceed allowable data gap

• Tmt Days>=180
  – Yes for those pts dispensed 180 days supply of antidepressants in first 231 days of treatment
  – No for pts who did not receive enough supply
  – NA for pts who are not past 231 days treatment as of data update and did not exceed allowable data gap
Low Back Pain Imaging

• Patients newly diagnosed with low back pain in previous year
• Date and location of diagnosis
• Date, location and ordering provider of imaging that occurred within 4 wks of dx
• Goal is NO imaging in that 4 wk period
Cardiovascular Disease Risk

• Patients on the following 3 lists:
  – Diabetes
  – Hypertension
  – Lipid Panel (dyslipidemia)
Diabetic Microalbumins

• List contains all Diabetics
• All microalbumin tests in last 2 yrs
• Patients with no test date should have testing done
High Utilizers

- Patients with more than 10 visits* in primary care setting in last 12 months
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - Flight Med
  - Underseas med
  - Emergency Department
  - Urgent care

* Certain visits are excluded, see methodology
Quicklook

• Full MTF enrolled population overview
  – Clinical Preventive Services dates
  – A1C result/date
  – Cholesterol results/date
  – Identify those on Diabetes, Asthma, Depression, Hypertension, High Utilizer lists
  – Last Asthma controller med date
  – BP, Ht, Wt, BMI (and BMI percentile for children)
  – Flu Risk and category for flu risk

• In My Filters there is a way to pull obese patients
Lipid Panel

- Patients with elevated total Cholesterol/HDL ratio (>5)
- Or Elevated LDL (>130 or diabetic >100)
- Only includes most recent test in the last 5 yrs
Well Child

- List includes all enrollees age 0-36 months
- Metric includes all who turned 15 months old in the 12 months prior to metric month (children currently 15-27 months old)
- Metric doesn’t care when visit occurred just looking for >=6 visits by the 15 month birthday
- List places appts in approximate columns based on age
- LIST IS UPDATED NIGHTLY WITH MOST RECENT COMPLETED WELL CHILD ENCOUNTERS and the next scheduled primary care clinic date!
Child with URI and Child with Pharyngitis

• Children < 18 in measurement period—ends 6 months prior to metric month
• List goes from 18 months ago to metric month
• Includes date and location of diagnosis and treatment
  – Only single diagnosis encounters included
• URI shows date of antibiotics (metric looks for NO antibiotics)
• Pharyngitis shows date of antibiotics and strept test (metric looks for strept test present)
ACG and Health Services

• ACG detailed Report
• Based on full year of encounter and med data
  – ACG RUB: service use category based on diagnoses and care in measurement year
  – ACG IBI: numeric score for pt use of services compared to average cost of care for entire population
• Useful for determining appropriate PCM skill level and/or balancing panels
• Identifying pts for case management
• Much analyzed detail per patient on Health Services:
  – Ie. Costs, predicted costs, complexity, frailty, specialty use
Quality Indicators

• List of discharged inpatients who met criteria to measured on the quality indicator measures
  – Patient Safety Indicator
  – Inpatient Quality Indicator
  – Prevention Quality Indicator (only numerator pts)
Duplicate PCMs

• Patients who appear on more than one DMIS’s nightly enrollment data

• Work with other DMIS to remove patient from previous location
Overview

Demographics of your population. Excluded patients are removed from the Registry Counts. Due patients are included in the completed counts.
Questions?
Judith.rosen.1 ctr@us.af.mil