



**MHSPHP**

Military Health System Population Health Portal



# MHSPHP Metrics Forum

## ACG and Health Services



- What is ACG
- ACG RUB and ACG IBI
- Understanding PHDR reports
- How to use the PHDR reports with population management
- How to use the Health Services report to interpret PHDR data
- Questions

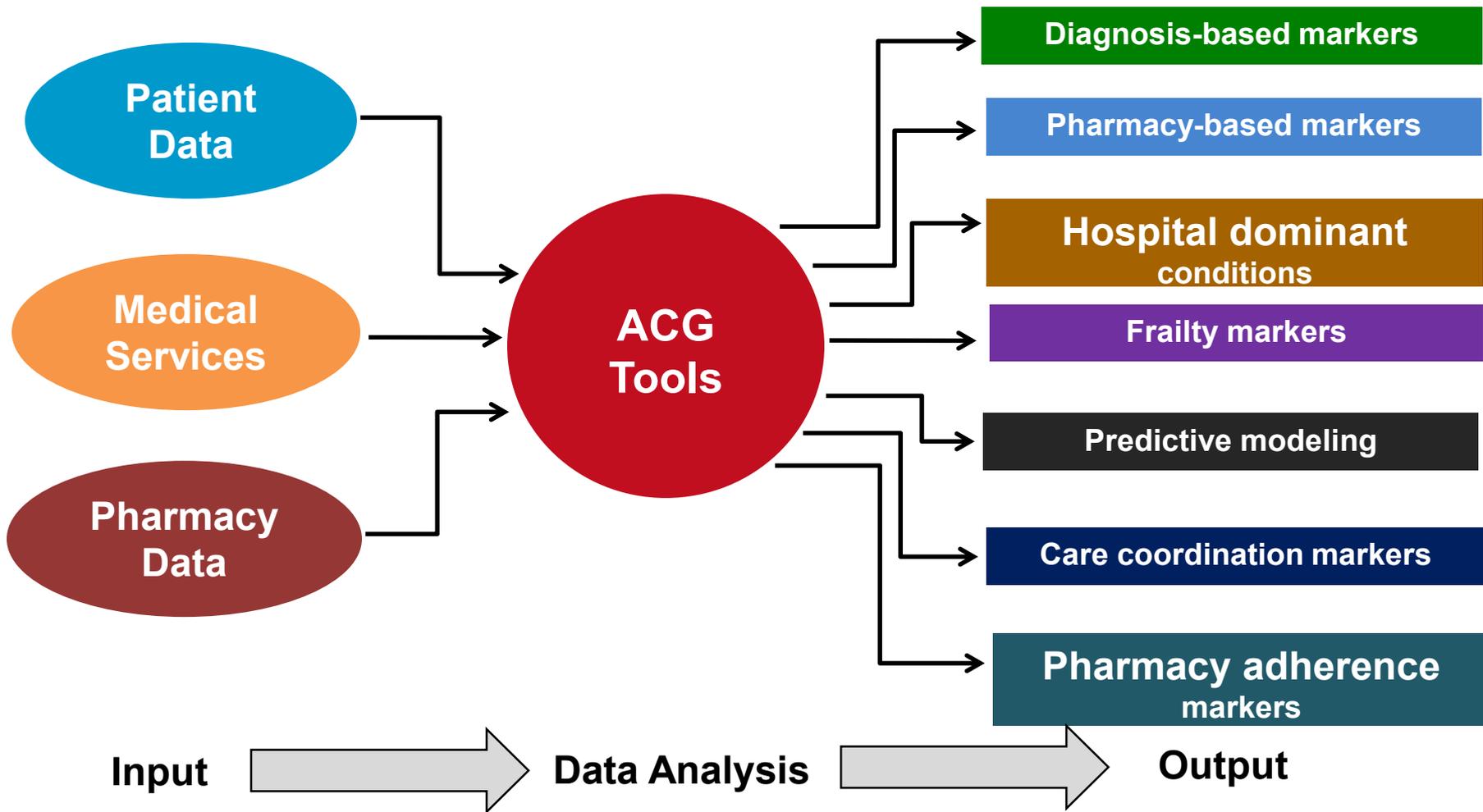


## What is this ACG stuff anyway?

ACG RUB	ACG IBI	ACG Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate	0.75	7/18/2013
Very High	7.44	7/18/2013
Low Risk	0.37	7/18/2013
High	4.61	7/18/2013
Moderate	1.86	7/18/2013
No Data	No Data	
Moderate	0.54	7/18/2013
Moderate	1.86	7/18/2013
Moderate	1.21	7/18/2013
Low Risk	0.37	7/18/2013
No Data	No Data	
Moderate	1.21	7/18/2013
Moderate	0.75	7/18/2013
Low Risk	0.19	7/18/2013
High	4.61	7/18/2013
Very High	7.44	7/18/2013
Moderate	1.21	7/18/2013
Low Risk	0.43	7/18/2013



- Grew out of Dr. Barbara Starfield's research hypothesis:  
**Clustering of morbidity is a better predictor of health services resource use than the presence of specific disease**
- Conceptual Basis:  
**Assessing the appropriateness of care needs to be based on patterns of morbidity rather than on specific diagnoses**
  - Developed by the Johns Hopkins School of Public Health
  - A 'person-focused' comprehensive family of measurement tools
  - Adopted by 200+ healthcare organizations world-wide
  - Case-mix adjust more than 20 million covered lives
  - Most widely used & tested population-based risk-adjustment system





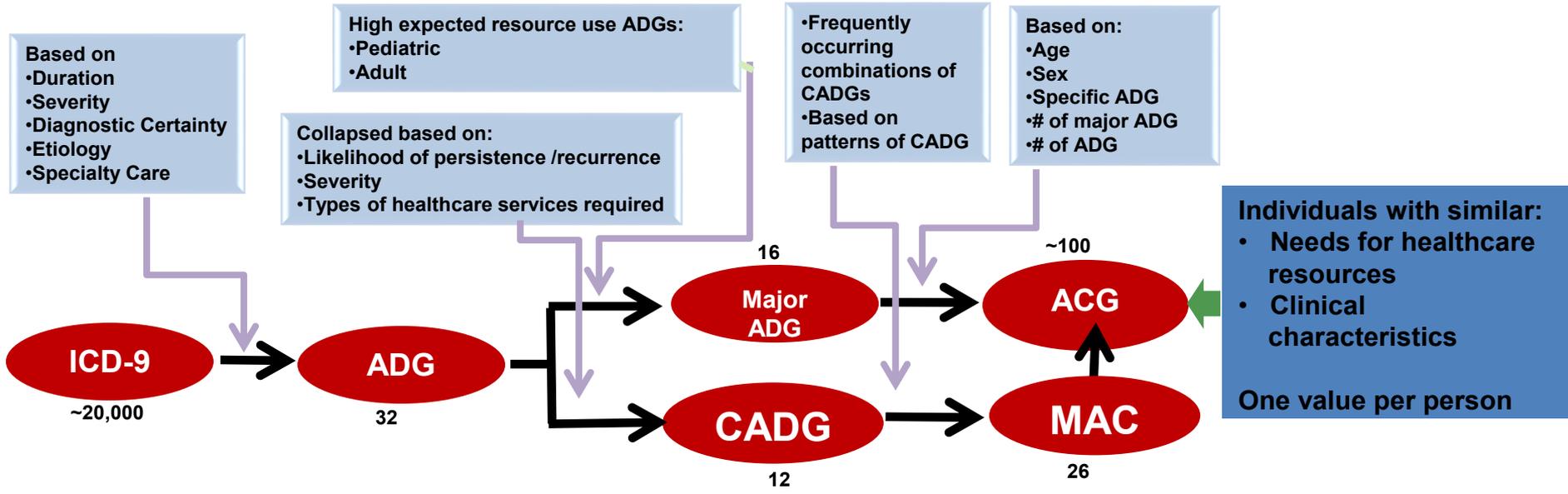
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# ACG: Adjusted Clinical Groups

Management applications for population-based case-mix adjustment require that patients be grouped into single, mutually exclusive categories. The ACG methodology uses a branching algorithm to place people into one of 93 discrete categories based on their assigned ADGs, their age and their sex. **The result is that individuals within a given ACG have experienced a similar pattern of morbidity and resource consumption over the course of a given year.**

# Diagnosis-based markers: Morbidity view



ADG	ICD-9
Time limited: major	Appendicitis
Likely to recur: discrete	Gout, Backache
Likely to recur: progressive	DKA
Chronic medical: stable	DM, HTN
Chronic medical: unstable	HTN renal disease
Injuries/adverse effects: major	Intracranial injury

Major ADG (Adult)
Time limited: major
Likely to recur: progressive
Chronic medical: unstable
Chronic specialty: stable - ENT
Psychosocial: persistent/recurrent,
Malignancy

ACG
Acute minor / likely to recur, age 6+, w/o allergy
Pregnancy, 2-3 ADGs, no major ADGs
4-5 other ADG combinations, age 45+, 2+ major ADGs
6-9 other ADG combinations, male, age , no major ADGs
Infants: 0-5 ADGs, no major ADGs, low birth weight
Chronic specialty: stable

**Table 1: ADGs and Common ICD10 Codes Assigned to Them**

ADG	ICD9-CM	ICD-10	Diagnosis
1. Time Limited: Minor	558.9 691.0	K52.9 L22	Noninfectious Gastroenteritis Diaper or Napkin Rash
2. Time Limited: Minor-Primary Infections	079.9 464.4	B09 J05.0	Unspecified Viral Infection Croup
3. Time Limited: Major	451.2 560.3	I80.3 K56.7	Phlebitis of Lower Extremities
4. Time Limited: Major-Primary Infections	573.3 711.0	K75.9 M00.9	Hepatitis, Unspecified Pyogenic Arthritis
5. Allergies	477.9 708.9	J30.0 L50.9	Allergic Rhinitis, Cause Unspecified Unspecified Urticaria
6. Asthma	493.0 493.1	J45.0 J45.1	Extrinsic Asthma Intrinsic Asthma
7. Likely to Recur: Discrete	274.9 724.5	M10.9 M54.9	Gout, Unspecified Backache, Unspecified
8. Likely to Recur: Discrete-Infections	474.0 599.0	J35.1 N39.0	Chronic Tonsillitis Urinary Tract Infection
9. Likely to Recur: Progressive	250.10 434.0	E11.1 I66.9	Adult Onset Type II Diabetes w / Ketoacidosis Cerebral Thrombosis
10. Chronic Medical: Stable	250.00 401.9	E10.9 I10	Adult-Onset Type I Diabetes Essential Hypertension
11. Chronic Medical: Unstable	282.6 277.0	D57.1 E84.0	Sickle-Cell Anemia Cystic Fibrosis
12. Chronic Specialty: Stable-Orthopedic	721.0 718.8	M48.9 M24.9	Cervical Spondylosis Without Myelopathy Other Joint Derangement
13. Chronic Specialty: Stable-Ear, Nose, Throat	389.14 385.3	H90.5 H71	Central Hearing Loss Cholesteatoma
14. Chronic Specialty: Stable-Eye	367.1 372.9	H52.1 H11.9	Myopia Unspecified Disorder of Conjunctiva
16. Chronic Specialty: Unstable-Orthopedic	724.02 732.7	M48.0 M92.8	Spinal Stenosis of Lumbar Region Osteochondritis Dissecans
17. Chronic Specialty: Unstable-Ear, Nose, Throat	386.0 383.1	H81.0 H70.1	Meniere's Disease Chronic Mastoiditis
18. Chronic Specialty: Unstable-Eye	365.9 379.0	H40.9 H15.0	Unspecified Glaucoma Scleritis / Episcleritis
20. Dermatologic	078.1 448.1	A63.0 I78.1	Viral Warts Nevus, Non-Neoplastic
21. Injuries/Adverse Effects: Minor	847.0 959.1	S13.4 T09.0	Neck Sprain Injury to Trunk

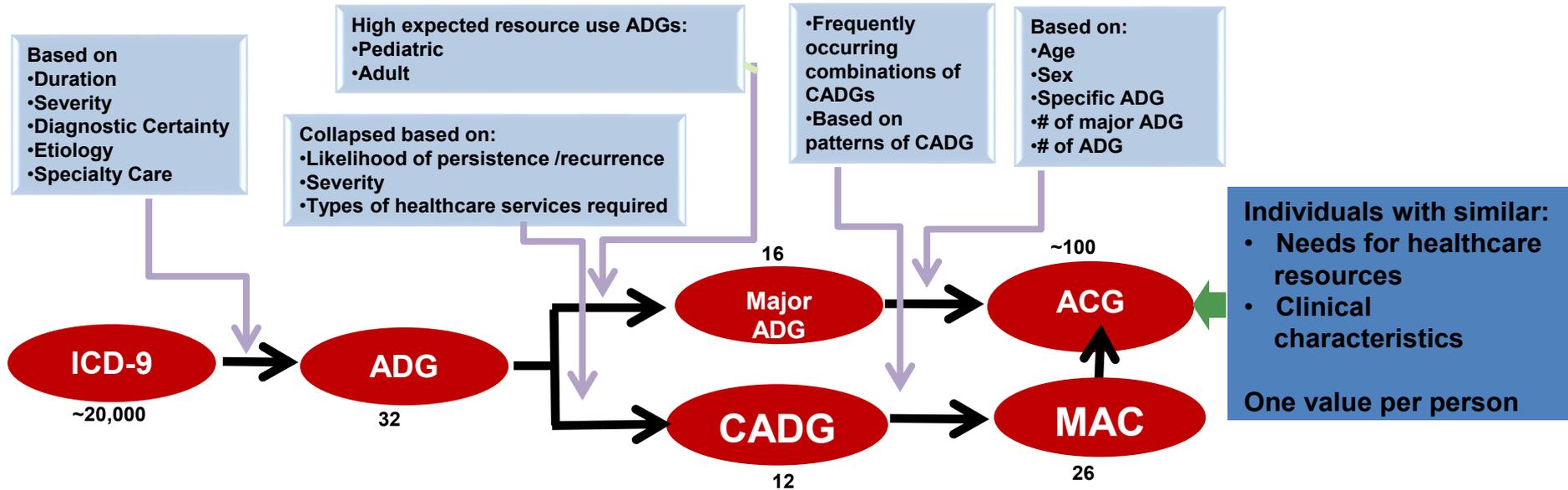
**ADG:**

# Aggregated Diagnosis Group

22. Injuries/Adverse Effects: Major	854.0 972.1	S06 T46.0	Intracranial Injury Poisoning by Cardiotonic Glycosides and Similar Drugs
23. Psychosocial: Time Limited, Minor	305.2 309.0	F12.1 F32.0	Cannabis Abuse, Unspecified Brief Depressive Reaction
24. Psychosocial: Recurrent or Persistent, Stable	300.01 307.51	F41.0 F50.3	Panic Disorder Bulimia
25. Psychosocial: Recurrent or Persistent, Unstable	295.2 291.0	F20.2 F10.3	Catatonic Schizophrenia Alcohol Withdrawal
26. Signs/Symptoms: Minor	784.0 729.5	G44.1 M79.6	Headache Pain in Limb
27. Signs/Symptoms: Uncertain	719.06 780.7	M25.4 R53	Effusion of Lower Leg Joint Malaise and Fatigue
28. Signs/Symptoms: Major	429.3 780.2	I51.7 R55	Cardiomegaly Syncope and Collapse
29. Discretionary	550.9 706.2	K40 L72.1	Inguinal Hernia (NOS) Sebaceous Cyst
30. See and Reassure	611.1 278.1	N62 E65	Hypertrophy of Breast Localized Adiposity
31. Prevention/Administrative	V20.2 V72.3	Z00.1 Z01.4	Routine Infant or Child Health Check Gynecological Examination
32. Malignancy	174.9 201.9	C50 C81.9	Malignant Neoplasm of Breast (NOS) Hodgkin's Disease, Unspecified Type
33. Pregnancy	V22.2 650.0	Z33 080.0	Pregnant State Delivery in a Completely Normal Case
34. Dental	521.0 523.1	K02 K05.1	Dental Caries Chronic Gingivitis

**Pts may be assigned to Multiple ADGs**

# Diagnosis-based markers: Morbidity view



ADG	ICD-9
Time limited: major	Appendicitis
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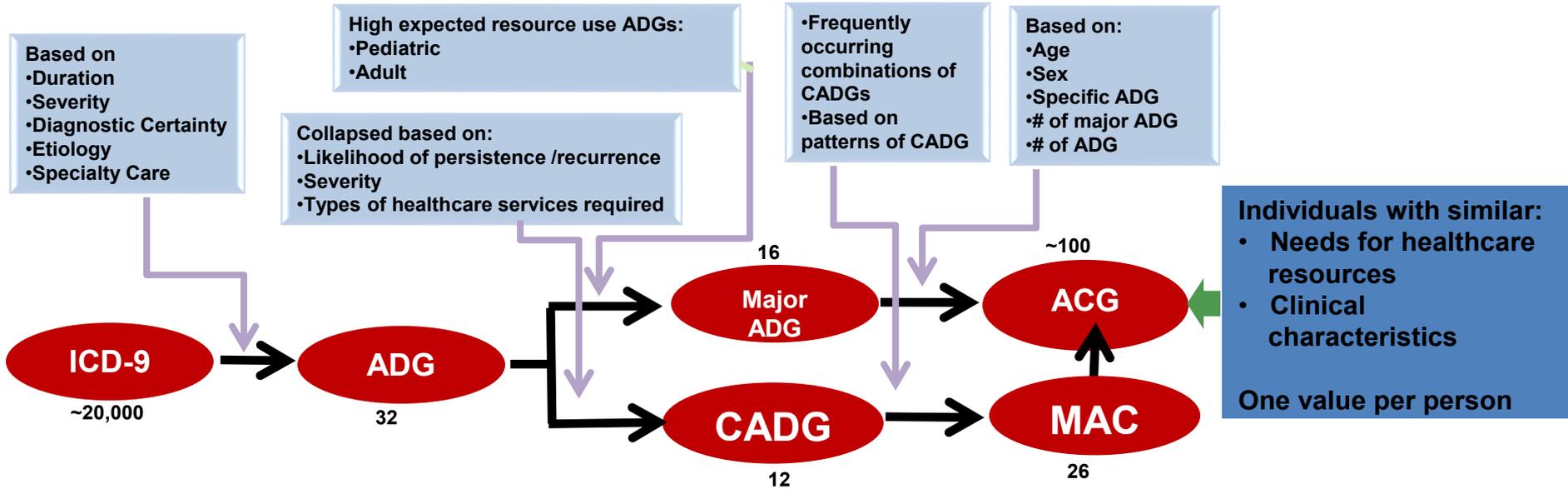
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ACG
Acute minor / likely to recur, age 6+, w/o allergy
Pregnancy, 2-3 ADGs, no major ADGs
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Infants: 0-5 ADGs, no major ADGs, low birth weight
Chronic specialty: stable

<b>Pediatric Major ADGs (ages 0-17 years)</b>	<b>Adult Major ADGs (ages 18 and up)</b>
3 Time Limited: Major	3 Time Limited: Major
9 Likely to Recur: Progressive	4 Time Limited: Major-Primary Infections
11 Chronic Medical: Unstable	9 Likely to Recur: Progressive
12 Chronic Specialty: Stable-Orthopedic	11 Chronic Medical: Unstable
13 Chronic Specialty: Stable-Ear, Nose, Throat	16 Chronic Specialty: Unstable-Orthopedic
18 Chronic Specialty: Unstable-Eye	22 Injuries/Adverse Effects: Major
25 Psychosocial: Recurrent or Persistent, Unstable	25 Psychosocial: Recurrent or Persistent, Unstable
32 Malignancy	32 Malignancy

- Identify ADGs that have very high expected resource use

# Diagnosis-based markers: Morbidity view



ADG	ICD-9
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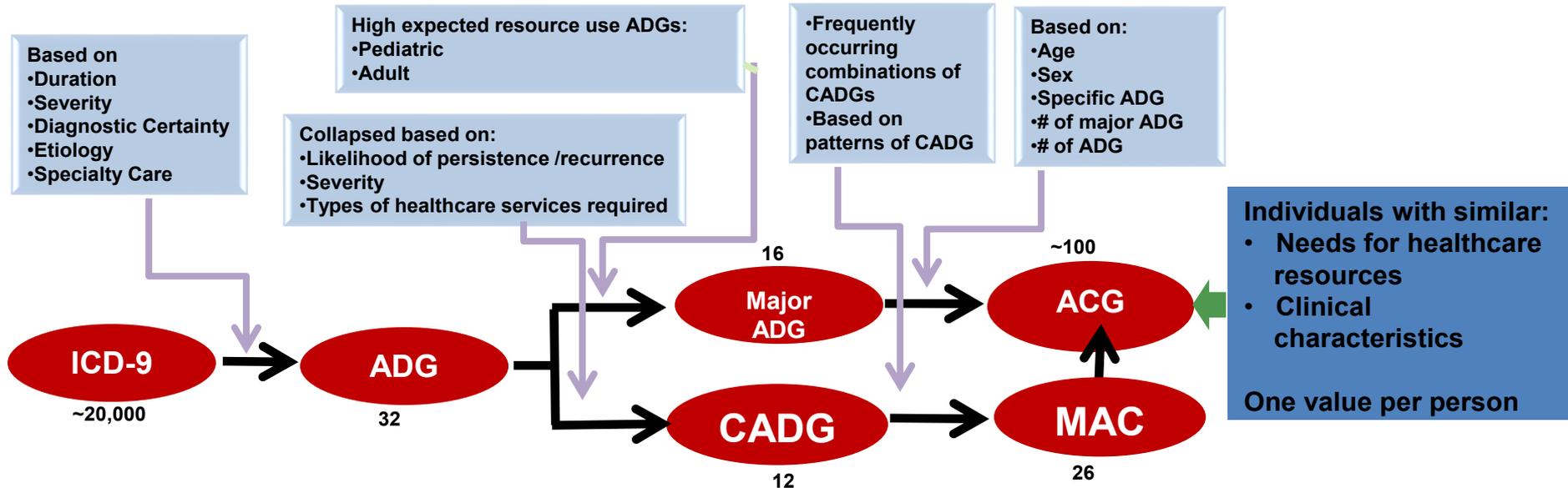
- 4.3 billion possible combinations of ADGs
- So to make it more manageable to get to that unique grouping for a patient, grouped ADGs into collapsed ADGs based on
  - Likelihood of persistence or recurrence
  - Severity
  - Types of healthcare services required
- Pts can still be assigned to more than 1



# CADGs

Collapsed ADG (CADG)	ADGs in Each
1. Acute Minor	1 Time Limited: Minor 2 Time Limited: Minor-Primary Infections 21 Injuries / Adverse Events: Minor 26 Signs / Symptoms: Minor
2. Acute Major	3 Time Limited: Major 4 Time Limited: Major-Primary Infections 22 Injuries / Adverse Events: Major 27 Signs / Symptoms: Uncertain 28 Signs / Symptoms: Major
3. Likely to Recur	5 Allergies 7 Likely to Recur: Discrete 8 Likely to Recur: Discrete-Infections 20 Dermatologic 29 Discretionary
4. Asthma	6 Asthma
5. Chronic Medical: Unstable	9 Likely to Recur: Progressive 11 Chronic Medical: Unstable 32 Malignancy
6. Chronic Medical: Stable	10 Chronic Medical: Stable 30 See and Reassure
7. Chronic Specialty: Stable	12 Chronic Specialty: Stable-Orthopedic 13 Chronic Specialty: Stable-Ear, Nose, Throat
8. Eye/Dental	14 Chronic Specialty: Stable-Eye 34 Dental
9. Chronic Specialty: Unstable	16 Chronic Specialty: Unstable-Orthopedic 17 Chronic Specialty: Unstable-Ear, Nose, Throat 18 Chronic Specialty: Unstable-Eye
10. Psychosocial	23 Psycho-social: Time Limited, Minor 24 Psycho-social: Recurrent or Persistent, Stable 25 Psycho-social: Recurrent or Persistent, Unstable
11. Preventive/Administrative	31 Prevention / Administrative
12. Pregnancy	33 Pregnancy

# Diagnosis-based markers: Morbidity view

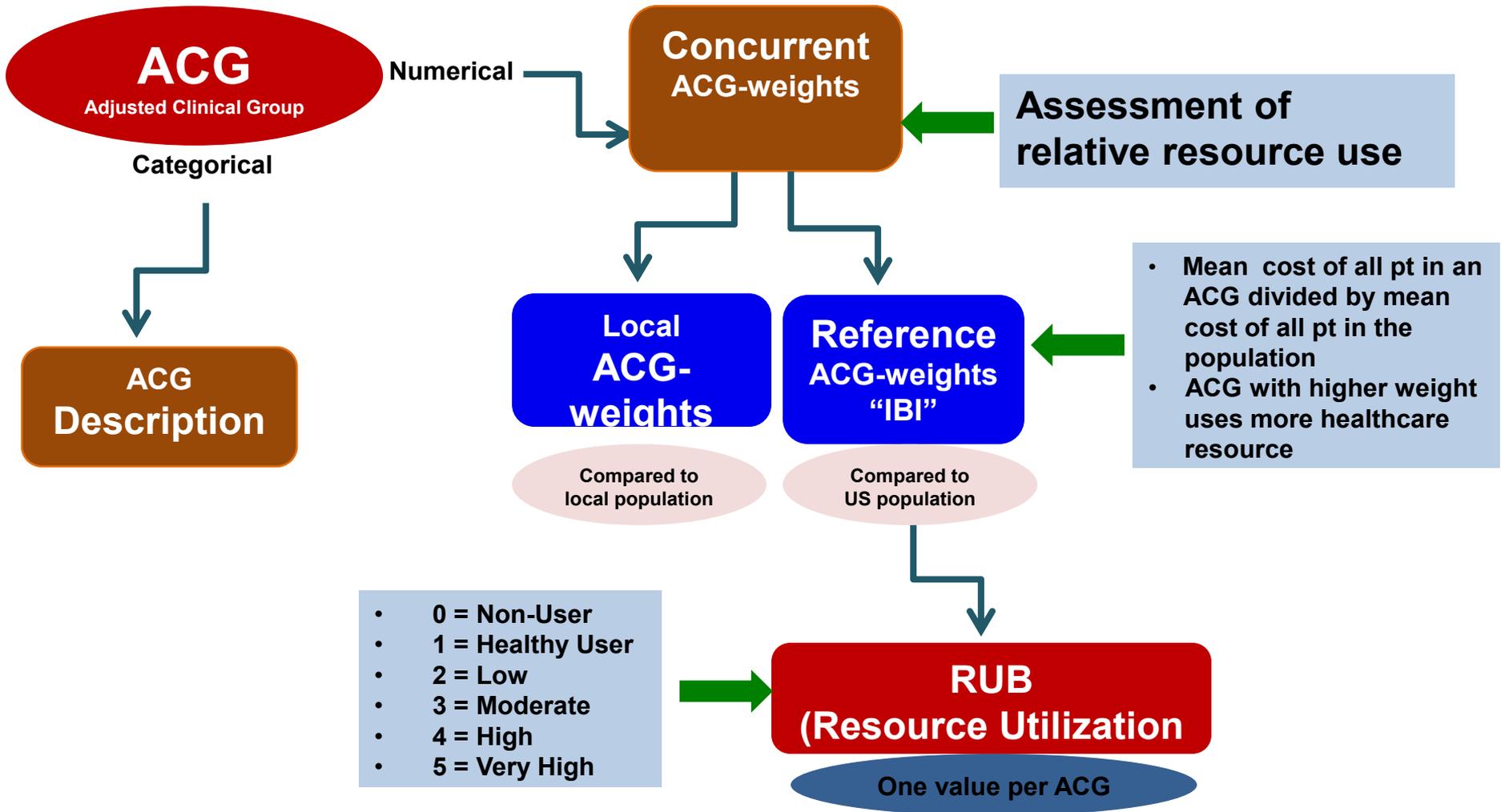


- MACs are mutually exclusive grouping so of CADGs
- The MACs are then split into ACGs to identify groups of individuals with similar needs for healthcare resources who also share similar clinical characteristics.
- The variables taken into consideration include: age, sex, presence of specific ADGs, number of major ADGs, and total number of ADGs.



MACs	CADGs
1. Acute: Minor	1
2. Acute: Major	2
3. Likely to Recur	3
4. Asthma	4
5. Chronic Medical: Unstable	5
6. Chronic Medical: Stable	6
7. Chronic Specialty: Stable	7
8. Eye/Dental	8
9. Chronic Specialty: Unstable	9
10. Psychosocial	10
11. Prevention / Administrative	11
12. Pregnancy	All CADG combinations that include CADG 12
13. Acute: Minor and Acute: Major	1 and 2
14. Acute: Minor and Likely to Recur	1 and 3
15. Acute: Minor and Chronic Medical: Stable	1 and 6
16. Acute: Minor and Eye/Dental	1 and 8
17. Acute: Minor and Psychosocial	1 and 10
18. Acute: Major and Likely to Recur	2 and 3
19. Acute: Minor and Acute: Major and Likely to Recur	1, 2 and 3
20. Acute: Minor and Likely to Recur and Eye and Dental	1, 3 and 8
21. Acute: Minor and Likely to Recur and Psychosocial	1, 3, and 10
22. Acute: Minor and Major and Likely to Recur and Chronic Medical: Stable	1, 2, 3, and 6
23. Acute: Minor and Major and Likely to Recur	1, 2, 3, and 10

# Diagnosis-based markers: ACG - Concurrent Weight - RUB





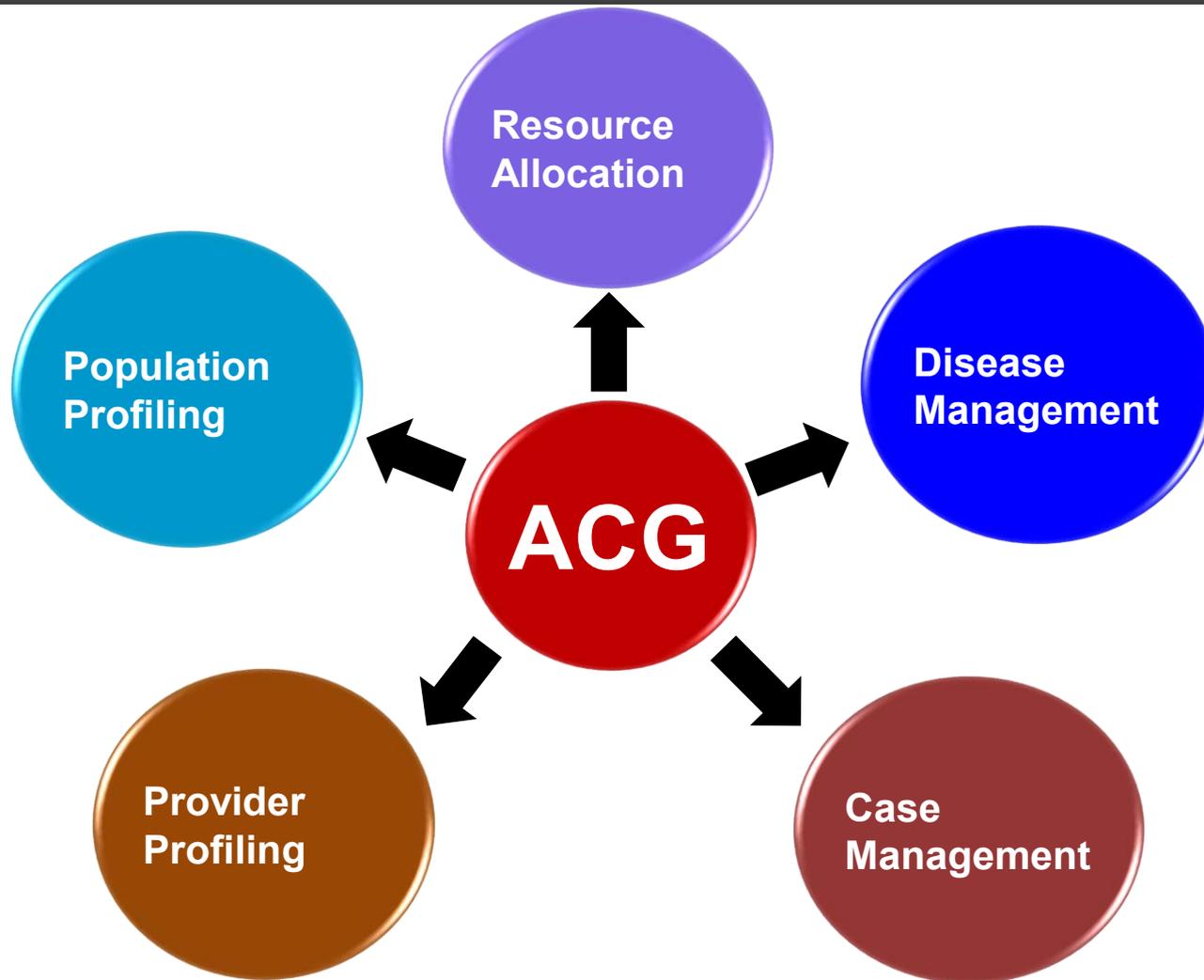
- “No Data” means the pt was not enrolled for the full measurement year.
- Measurement year ended 3 months prior to MHSPHP metrics date; about 4.5 months prior to ACG run date to allow maturity of claims data
- Metrics as of date: 30 Oct 14
- ACG date: mid Dec 14 (date ACG data was run)
- ACG data range: 1-Sep-2013 thru 31 Jul-2014

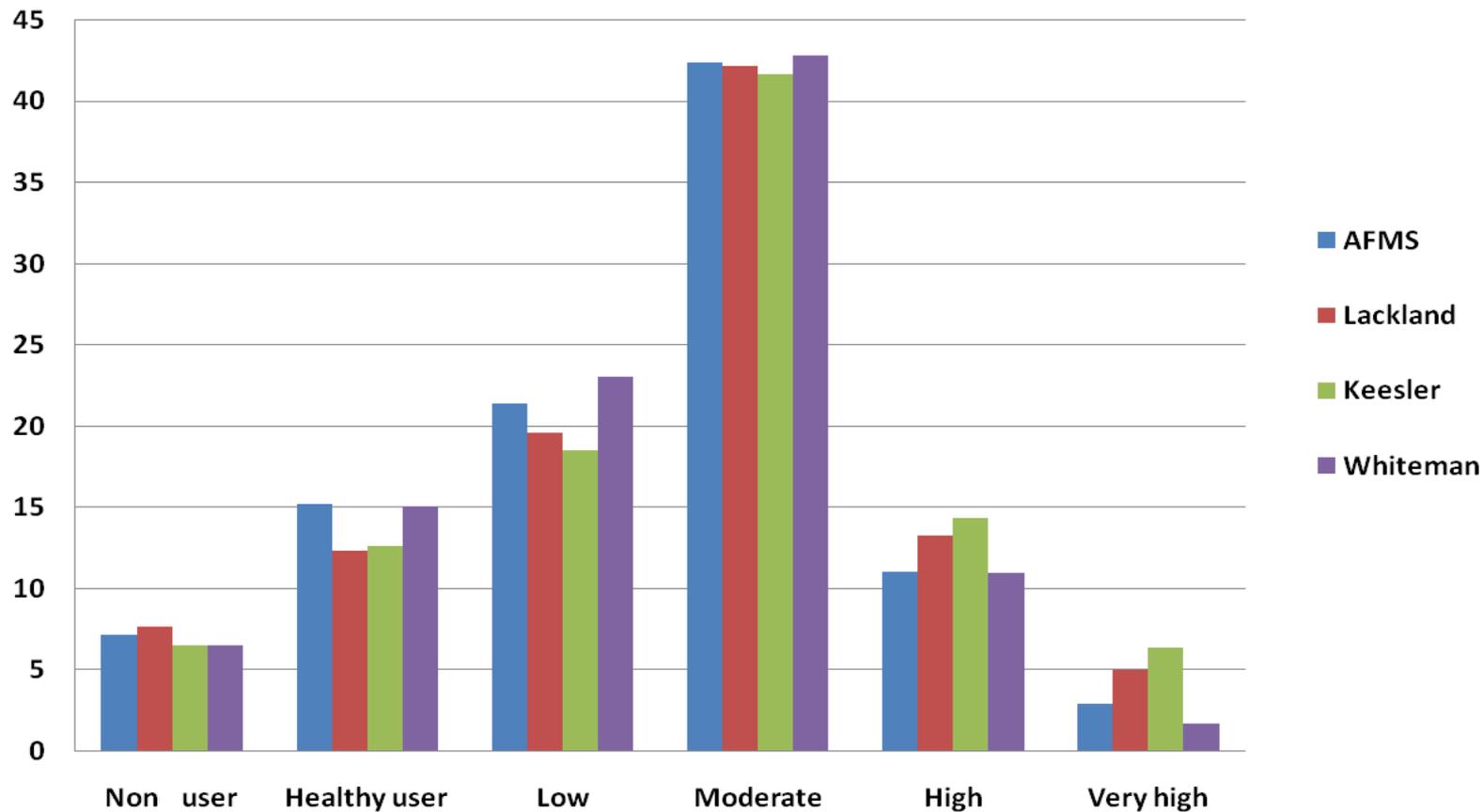
- **0 = Non-User**
- **1 = Healthy User**
- **2 = Low**
- **3 = Moderate**
- **4 = High**
- **5 = Very High**

ACG	Reference Concurrent Weight		RUB
	Commercial (0-64)	Medicare (>=65)	
Acute Minor, Age 6+	0.16	0.10	1
Chronic medical: stable	0.35	0.15	2
2-3 Other ADG combinations, age 1-17	0.50	0.15	2
Acute major/Likely to recur	0.53	0.24	3
10+ Other ADG combinations, age 18+, 0-1 major ADG	3.32	1.06	4
6-9 Other ADG combinations, age 35+, 3 major ADGs	6.89	1.87	5



# What can ACG do for you?







SAS Web Report Studio • DOD AGG 2014

Log on: Judith Rosen | Preferences | Help



File Edit View Data

Edit

View

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Table of Contents Options

Announcements

Section Data Options



## Population Health Dynamic Reports

HEDIS AND PREVALENCE REPORTS FOR 2014 DATA

[Overview](#) || [Previous HEDIS / Prevalence Reports](#) | [2010](#) | [2011](#) | [2012](#) | [2013](#) || **[ACG Report](#)** ||

[Air Force Reports](#) || [Quality Indicators](#) || [Mortality](#) || [High Risk Readmission](#)

Data current as of: **September 2014**

### Recent Updates

*Updates made on 13 November 2014*

\*Addition of September 2014 data

### Help Documents

- [Online Help](#)
- [User's Guide](#)
- [Contact Information](#)
- [How to Copy and Paste Charts](#)

- On top of Announcements page are other reports
- Click on Adjusted Clinical Group Report

# ACG Report Column Headers

## Adjusted Clinical Groups (ACG) 2012 – 2013 Data

Resource Utilization Band (RUB) Legend: ( 0 – Non User ) ( 1 – Healthy ) ( 2 – Low Risk ) ( 3 – Moderate ) ( 4 – High ) ( 5 – Very High )  
 Additional reports by RUB category are available from the Table of Contents drop-down menu on the left side of the window.

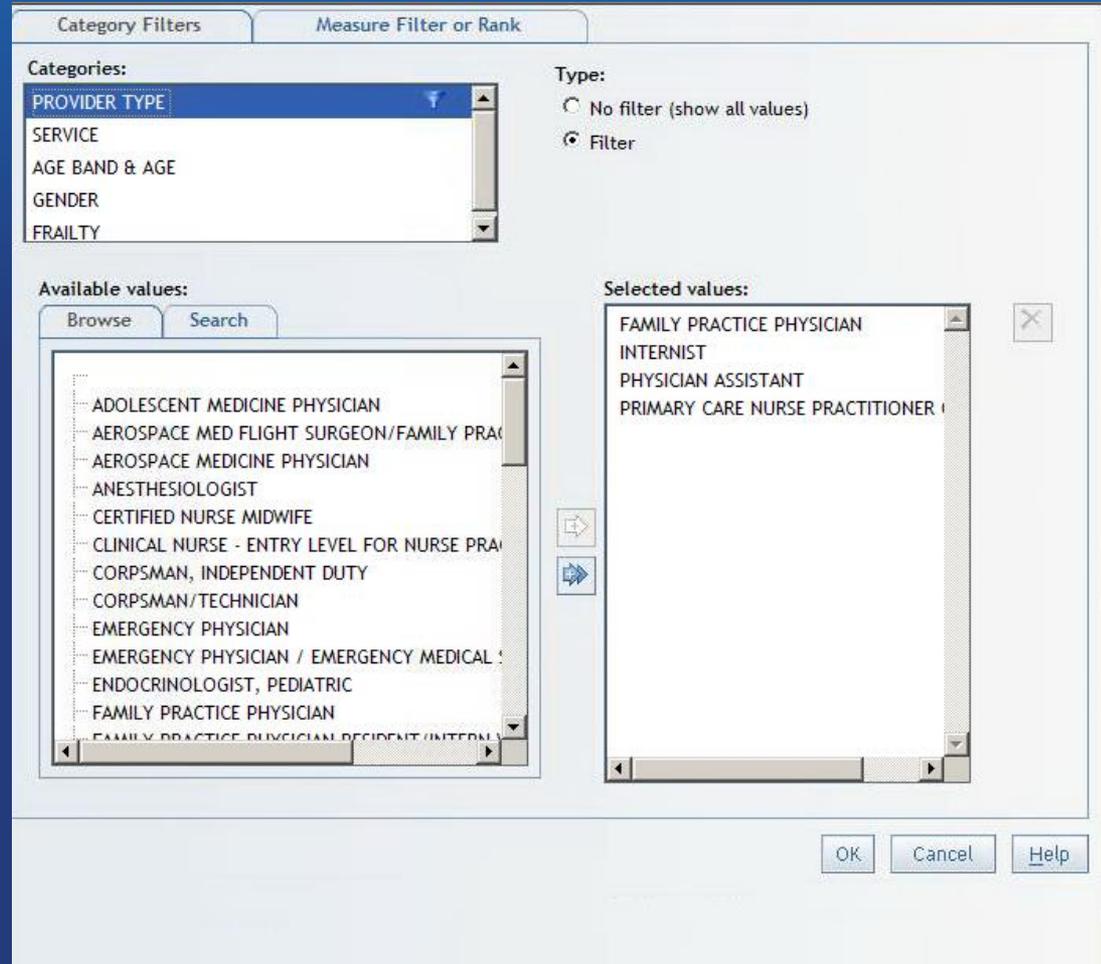
ACG Documentation

Applied filters: None

	Patient Count Total	IBI (AVG)	RUB with Non-Users (AVG)	RUB without Non-Users (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)
SERVICE										
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> AIR FORCE	1,040,445	1.0	2 – Low Risk	3 – Moderate	3	1	27	2.36%	5	4.99%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ARMY	1,311,674	1.0	2 – Low Risk	3 – Moderate	3	1	19	2.36%	6	4.99%
<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> NAVY	887,568	1.0	2 – Low Risk	2 – Low Risk	3	1	15	1.88%	5	4.96%

Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)	Outpatient Visit Count (Total)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
0.20%	3.14%	9,526,354	46,829	218,008	583,373	\$4,408,331,680.70	\$683,028,164.42
0.20%	2.97%	14,306,915	68,217	201,162	470,845	\$5,539,397,029.61	\$776,878,556.64
0.17%	2.52%	7,891,070	34,170	133,032	235,040	\$3,368,999,412.63	\$431,131,960.12

- Drag Provider type to Left of Service on table
- Right click on data area and select Filter and Rank
- Set provider type filter on and select provider type the click arrow. When done click ok



The screenshot shows a software dialog box titled "PCM Provider Type Filter". It has two tabs: "Category Filters" and "Measure Filter or Rank".

**Category Filters:** A list box contains "PROVIDER TYPE" (selected), "SERVICE", "AGE BAND & AGE", "GENDER", and "FRAILITY".

**Type:** Radio buttons for "No filter (show all values)" and "Filter" (selected).

**Available values:** A list box with a "Browse" button and a "Search" field. The list includes: "ADOLESCENT MEDICINE PHYSICIAN", "AEROSPACE MED FLIGHT SURGEON/FAMILY PRA...", "AEROSPACE MEDICINE PHYSICIAN", "ANESTHESIOLOGIST", "CERTIFIED NURSE MIDWIFE", "CLINICAL NURSE - ENTRY LEVEL FOR NURSE PRA...", "CORPSMAN, INDEPENDENT DUTY", "CORPSMAN/TECHNICIAN", "EMERGENCY PHYSICIAN", "EMERGENCY PHYSICIAN / EMERGENCY MEDICAL...", "ENDOCRINOLOGIST, PEDIATRIC", "FAMILY PRACTICE PHYSICIAN", and "FAMILY PRACTICE PHYSICIAN (INTERNAL...)".

**Selected values:** A list box containing "FAMILY PRACTICE PHYSICIAN", "INTERNIST", "PHYSICIAN ASSISTANT", and "PRIMARY CARE NURSE PRACTITIONER".

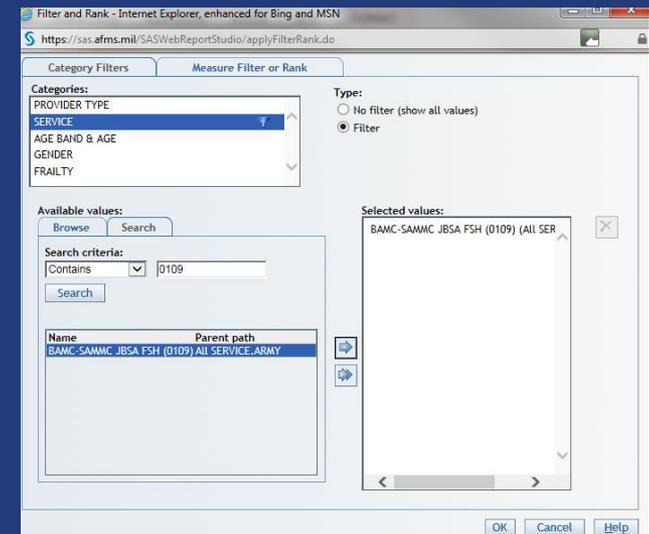
Navigation arrows are located between the "Available values" and "Selected values" list boxes. At the bottom right are "OK", "Cancel", and "Help" buttons.

# Service Comparison of Provider types

Applied filters: PROVIDER TYPE equal to FAMILY PRACTICE PHYSICIAN, INTERNIST, PHYSICIAN ASSISTANT, PRIMARY CARE NURSE PRACTITIONER QUALIFIED

PROVIDER TYPE	SERVICE	Patient Count Total	IBI (AVG)	RUB with Non-Users (AVG)	RUB without Non-Users (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)	Outpatient Visit Count (Total)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
FAMILY PRACTICE PHYSICIAN	AIR FORCE	357,008	1.1	3 - Moderate	3 - Moderate	3	1	27	2.33%	6	5.16%	0.19%	3.11%	3,433,566	15,557	72,003	208,557	\$1,588,955,345.95	\$250,262,347.54
	ARMY	349,775	1.1	3 - Moderate	3 - Moderate	3	1	22	2.55%	7	5.29%	0.20%	3.06%	3,822,223	18,241	56,927	139,819	\$1,556,667,809.33	\$226,287,147.58
	NAVY	230,355	1.2	2 - Low Risk	3 - Moderate	3	1	18	2.24%	6	5.82%	0.17%	2.78%	2,283,155	9,569	38,941	76,911	\$975,428,905.81	\$135,708,852.24
INTERNIST	AIR FORCE	45,475	3.0	3 - Moderate	4 - High	5	4	39	12.24%	13	19.63%	0.82%	13.77%	786,038	9,204	12,568	58,114	\$572,828,913.24	\$115,060,967.79
	ARMY	87,461	2.1	3 - Moderate	3 - Moderate	4	3	29	6.78%	11	12.91%	0.49%	8.36%	1,302,621	11,451	13,996	62,611	\$729,470,116.88	\$140,355,187.31
	NAVY	45,908	2.5	3 - Moderate	3 - Moderate	5	3	23	6.81%	10	14.72%	0.48%	8.19%	675,200	5,478	6,840	24,939	\$419,560,648.73	\$71,026,004.91
PHYSICIAN ASSISTANT	AIR FORCE	237,957	0.9	2 - Low Risk	3 - Moderate	3	1	26	1.76%	5	4.27%	0.16%	2.57%	2,149,426	8,218	46,348	122,481	\$922,027,712.07	\$127,562,302.62
	ARMY	377,917	0.9	2 - Low Risk	2 - Low Risk	3	1	14	1.58%	6	3.82%	0.18%	2.23%	4,329,814	15,510	47,205	92,077	\$1,399,082,594.11	\$148,832,060.99
	NAVY	86,284	1.0	2 - Low Risk	2 - Low Risk	3	1	15	1.51%	5	4.51%	0.15%	2.12%	817,903	2,487	14,035	22,422	\$312,513,176.39	\$36,310,742.34
PRIMARY CARE NURSE PRACTITIONER QUALIFIED	AIR FORCE	92,314	1.0	3 - Moderate	3 - Moderate	3	1	28	1.81%	6	4.45%	0.16%	2.66%	835,768	3,193	18,630	52,394	\$359,593,385.19	\$54,670,424.73
	ARMY	201,268	1.0	3 - Moderate	3 - Moderate	3	1	22	2.51%	7	5.21%	0.18%	2.92%	2,192,640	9,762	33,106	81,841	\$867,204,121.63	\$130,001,686.49
	NAVY	104,610	1.1	2 - Low Risk	3 - Moderate	3	1	20	1.99%	6	5.40%	0.16%	2.54%	1,040,214	3,917	18,567	36,836	\$427,543,999.99	\$57,082,276.84

- Result of previous slide filter
- Next, right click in the data and filter on your MTF





# Drilling into your ACG data

The screenshot shows two panels from the MHSPHP interface. The top panel, titled 'Table of Contents', has a dropdown menu set to 'ACG' and a list of months from 'NOV2013' to 'JUN2014'. 'JUN2014' is selected and highlighted in blue. The bottom panel, titled 'Section Data', has a dropdown menu set to 'ACG\_2011\_InfoMap' and a list of data fields. 'PROVIDER TYPE' is selected and highlighted in blue. Other fields include 'SERVICE', 'GENDER', 'AGE BAND & AGE', 'FRAILTY', 'DATE', 'Emergency Visit Count (T', 'Inpatient Hospitalization', 'Outpatient Visit Count (T', and 'Specialty Count (Total)'. The interface includes navigation arrows and an 'Options' dropdown in both panels.

- Click on the drill down arrow to display provider groups
- Drag PROVIDER TYPE to right of MTF name to compare provider types within a prov group
- Look for outliers
  - Do panels need balancing?

# Group by Provider type

PROVIDER TYPE	PCM GROUP	Patient Count Total	IBI (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)
		1	0.5	5	3	0	0.00%	8	2.00%	0.11%	2.85%
FAMILY PRACTICE PHYSICIAN	+ -										
	+ - AMHM02DFHC1	1,745	0.8	3	1	25	1.60%	6	3.65%	0.12%	1.89%
	+ - AMHM02FFHC3	669	0.7	3	1	22	1.20%	6	3.67%	0.11%	1.84%
	+ - AMHM02HFHC5	1,732	0.7	3	1	21	2.08%	5	3.27%	0.12%	1.75%
PEDIATRICIAN	+ - AMHM02FFHC3	583	0.5	3	0	22	1.89%	5	2.17%	0.10%	1.45%
	+ - AMHM02HFHC5	744	0.4	2	0	23	1.08%	4	1.90%	0.10%	1.27%
PHYSICIAN ASSISTANT	+ -	1	0.1	3	0	0	0.00%	3	2.00%	0.09%	0.63%
	+ - AMHM02DFHC1	1,002	0.7	3	0	24	1.50%	6	3.10%	0.20%	1.61%
	+ - AMHM02EFHC2	2	1.9	5	3	10	0.00%	25	27.00%	0.32%	9.47%
	+ - AMHM02FFHC3	873	0.9	3	1	26	2.98%	7	4.62%	0.14%	2.43%
	+ - AMHM02GFHC4	4	0.6	4	1	0	0.00%	9	2.75%	0.27%	2.06%
	+ - AMHM02HFHC5	1,127	0.7	3	0	12	1.15%	5	3.26%	0.15%	1.63%
	+ - AMHS02EFHC2	3,405	0.5	3	0	9	0.56%	5	2.54%	0.15%	1.25%
	+ - AMHS02GFHC4	3,981	1.0	3	1	16	1.11%	6	3.40%	0.21%	2.03%
PRIMARY CARE NURSE PRACTITIONER QUALIFIED	+ -	1	0.0	4	1	0	0.00%	8	3.00%	0.11%	2.13%
	+ - AMHM02DFHC1	931	0.6	3	0	24	1.61%	5	3.05%	0.11%	1.63%
	+ - AMHM02FFHC3	840	0.7	3	1	23	1.79%	6	3.53%	0.10%	1.75%
	+ - AMHM02HFHC5	696	0.8	3	0	14	1.58%	6	3.54%	0.17%	1.82%

- 1.0 is average across DoD, but it is higher than all the family physicians at this MTF

# Drill down to name level

PROVIDER TYPE	PCP NAME	Patient Count Total	IBI (AVG)	Inpatient Hospitalization Count (Total)	Emergency Visit Count (Total)	Specialty Count (Total)	Total Cost (Total)	Pharmacy Cost (Total)
PHYSICIAN ASSISTANT	[REDACTED]	709	0.9	26	86	188	\$2,404,083.30	\$182,972.24
	[REDACTED]	507	0.6	6	26	53	\$824,288.40	\$99,148.71
	[REDACTED]	595	1.2	43	70	240	\$3,215,711.67	\$226,057.34
	[REDACTED]	791	1.2	54	136	288	\$3,666,300.95	\$265,591.01
	[REDACTED]	674	0.9	24	77	181	\$2,715,839.74	\$286,817.00
	[REDACTED]	705	0.9	35	121	182	\$2,705,965.49	\$183,611.59

- Don't compare (TOTALS) without considering patient count and IBI

PROVIDER TYPE	PCP NAME	Patient Count Total	IBI (AVG)	Pharmacy Cost Band (AVG)	Chronic Condition Count (AVG)	Majority Source Of Care % (AVG)	Hospital Dominant Morbidity Types (% >=1)	Generic Drug Count (AVG)	Probability High Total Cost (AVG)	Probability Injury Hosp (AVG)	Probability Inpatient Hosp (AVG)
PHYSICIAN ASSISTANT	[REDACTED]	709	0.9	3	1	16	0.99%	5	2.97%	0.18%	1.87%
	[REDACTED]	507	0.6	3	0	7	0.39%	4	1.80%	0.15%	1.22%
	[REDACTED]	595	1.2	3	1	20	1.68%	7	4.29%	0.38%	2.50%
	[REDACTED]	791	1.2	3	1	18	1.26%	7	4.26%	0.21%	2.44%
	[REDACTED]	674	0.9	3	0	16	1.48%	6	3.51%	0.17%	1.90%
	[REDACTED]	705	0.9	3	1	14	0.71%	6	3.17%	0.20%	2.01%

Can get more details in the RUB tables



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# RUB tables

Table of Contents Options

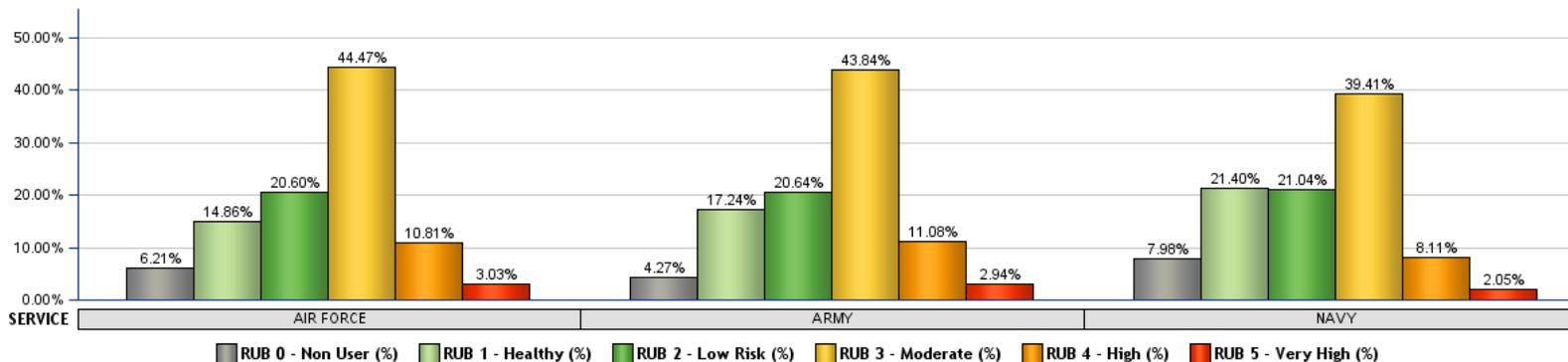
ACG

- ACG
- ACG RUB
- RUB BY SERVICE/PROVIDER TYPE
- RUB BY FACILITY/PROVIDER TYPE
- eMSM ACG
- eMSM ACG RUB

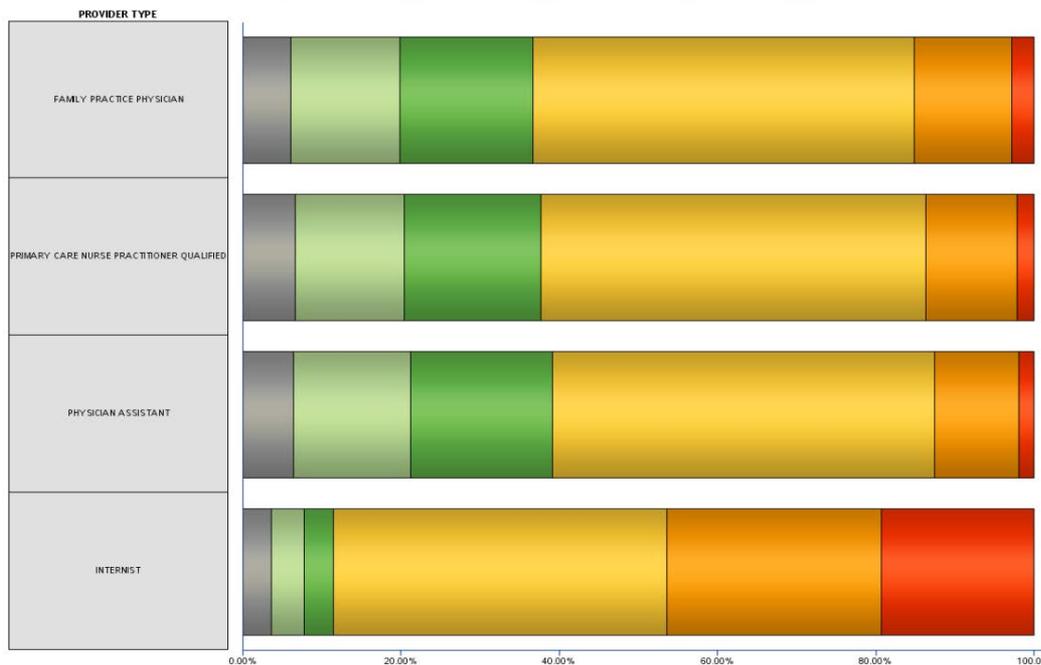


## Resource Utilization Band (RUB)

Applied filters: None



■ RUB 0 - Non User (%) 
 ■ RUB 1 - Healthy (%) 
 ■ RUB 2 - Low Risk (%) 
 ■ RUB 3 - Moderate (%) 
 ■ RUB 4 - High (%) 
 ■ RUB 5 - Very High (%)



				RUB 0	RUB 1	RUB 2	RUB 3	RUB 4	RUB 5						
	PHYSICIAN ASSISTANT	1.5	1,206	68	5.64%	83	6.88%	125	10.36%	690	57.21%	180	14.93%	60	4.98%
	FAMILY PRACTICE PHYSICIAN	1.7	1,223	49	4.01%	103	8.42%	110	8.99%	661	54.05%	225	18.40%	75	6.13%
	INTERNIST	1.7	952	56	5.88%	72	7.56%	82	8.61%	486	51.05%	190	19.96%	66	6.93%

- On this team, internist has same IBI as FP and PA is close behind. PA has high percentage of RUB5 compared to service peers and MTF
- Consider moving RUB5 pts to Internist and some RUB 1-2 pts to PA.
- Of course must consider uniqueness of site/providers (ie new provider, internal med specialty PA)



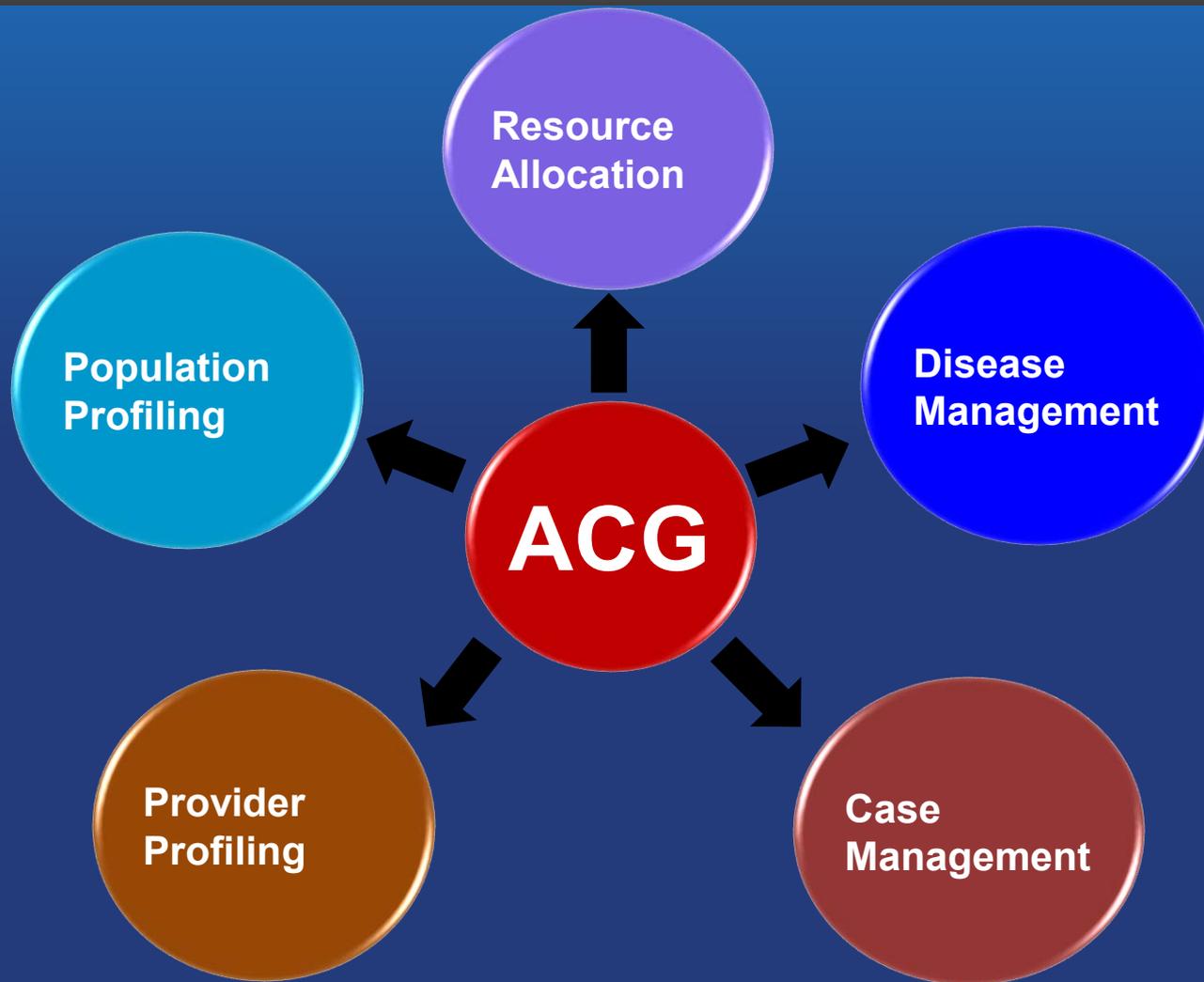
# Drill further

PROVIDER TYPE	AGE BAND	IBI (AVG)	Patient Total Count	RUB 0 – Non User (Total)	RUB 0 – Non User (%)	RUB 1 – Healthy (Total)	RUB 1 – Healthy (%)	RUB 2 – Low Risk (Total)	RUB 2 – Low Risk (%)	RUB 3 – Moderate (Total)	RUB 3 – Moderate (%)	RUB 4 – High (Total)	RUB 4 – High (%)	RUB 5 – Very High (Total)	RUB 5 – Very High (%)
PHYSICIAN ASSISTANT	18-34	1.4	148	4	2.70%	11	7.43%	22	14.86%	83	56.08%	23	15.54%	5	3.38%
	35-44	1.1	174	14	8.05%	12	6.90%	22	12.64%	97	55.75%	24	13.79%	5	2.87%
	45-54	1.2	432	29	6.71%	34	7.87%	54	12.50%	247	57.18%	52	12.04%	16	3.70%
	55-64	1.7	435	21	4.83%	26	5.98%	27	6.21%	254	58.39%	78	17.93%	29	6.67%
	65-69	4.5	16	0	0.00%	0	0.00%	0	0.00%	8	50.00%	3	18.75%	5	31.25%
	70-74	1.5	1	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%	0	0.00%
FAMILY PRACTICE PHYSICIAN	18-34	1.1	114	10	8.77%	10	8.77%	19	16.67%	52	45.61%	20	17.54%	3	2.63%
	35-44	1.5	142	8	5.63%	16	11.27%	22	15.49%	68	47.89%	20	14.08%	8	5.63%
	45-54	1.5	365	19	5.21%	33	9.04%	38	10.41%	202	55.34%	59	16.16%	14	3.84%
	55-64	1.9	565	11	1.95%	42	7.43%	30	5.31%	320	56.64%	116	20.53%	46	8.14%
	65-69	2.4	36	1	2.78%	2	5.56%	1	2.78%	18	50.00%	10	27.78%	4	11.11%
	75-79	0.7	1	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%	0	0.00%
INTERNIST	18-34	1.1	51	8	15.69%	4	7.84%	4	7.84%	23	45.10%	11	21.57%	1	1.96%
	35-44	1.7	71	3	4.23%	4	5.63%	13	18.31%	35	49.30%	12	16.90%	4	5.63%
	45-54	1.4	313	22	7.03%	31	9.90%	27	8.63%	173	55.27%	42	13.42%	18	5.75%
	55-64	1.9	474	23	4.85%	33	6.96%	35	7.38%	231	48.73%	117	24.68%	35	7.38%
	65-69	2.3	38	0	0.00%	0	0.00%	3	7.89%	22	57.89%	7	18.42%	6	15.79%
	70-74	5.9	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.0%
	75-79	2.6	3	0	0.00%	0	0.00%	0	0.00%	2	66.67%	0	0.00%	1	33.33%
	85+	3.7	1	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	100.0%	0	0.00%

- Click & drag in Age band to table. Depending on PA skill level, consider moving RUB 5 over 65 to internist and RUB 1-2 35-54 yr olds to PA



# What can ACG do for you?





# ACG and Appt List

PCM Name	Note Details	ACG RUB	ACG IBI	ACG Date	DOB	Age	Age In Months	BenCat	Overdue
DAVIS, BRADLEY H									
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	6/15/1961	52	625	RTN	
DAVIS, BRADLEY H		No Data	No Data		8/23/1963	49	599	RTN	
DAVIS, BRADLEY H		Low Risk	0.37	7/18/2013	8/2/1972	41	492	ADN	
DAVIS, BRADLEY H		Very High	7.44	7/18/2013	7/25/1955	58	696	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	8/4/1955	58	696	RTN	
DAVIS, BRADLEY H		Moderate	0.51	7/18/2013	1/5/1955	58	703	ADFMLY	
DAVIS, BRADLEY H		High	2.93	7/18/2013	1/28/1960	53	642	RTFMLY	
DAVIS, BRADLEY H		No Data	No Data		6/20/1991	22	265	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		6/20/1991	22	265	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		2/6/1951	62	750	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.21	7/18/2013	6/12/1969	44	529	ADFMLY	
DAVIS, BRADLEY H		Moderate	1.03	7/18/2013	2/27/1987	26	317	ADFMLY	
DAVIS, BRADLEY H		No Data	No Data		4/4/1989	24	292	ADFMLY	
DAVIS, BRADLEY H		Healthy	0.15	7/18/2013	1/28/1958	55	666	RTFMLY	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	8/13/1975	37	455	ADN	
DAVIS, BRADLEY H		Non User	0.00	7/18/2013	2/10/1957	56	677	RTFMLY	
DAVIS, BRADLEY H		Very High	7.44	7/18/2013	1/23/1955	58	702	ADFMLY	A1C, LDL
DAVIS, BRADLEY H		High	3.55	7/18/2013	10/22/1948	64	777	RTFMLY	Colono
DAVIS, BRADLEY H		No Data	No Data		2/6/1951	62	750	RTFMLY	
DAVIS, BRADLEY H		High	2.82	7/18/2013	8/13/1962	50	611	RTA	
DAVIS, BRADLEY H		Moderate	1.86	7/18/2013	5/22/1974	39	470	ADFMLY	

- Teams: Find High and Very High RUB patients with appts today and next week
- If appt in primary care, is it with PCM?
  - These pts benefit most from continuity
- Do they need a longer appt time?
- Can you rearrange schedule to accommodate?
- As a PCM, where are your high RUB pts being seen? Would they benefit from case manager or PCM RN contact with that appt? Do they need follow-up from an ER visit?



# Appt List High Filter

[Patient Management](#) > [Appointments](#)

Filters

My Filters

Available Data Sources

Available Fields

dsAppointmentData (Primary)

Choose a field

AND/OR	(	Selected Field	Operator	Value	)	
	▼	dsAppointmentData.ACG RUB	Contains	high	▼	Delete

Search

Clear

PCM Continuity	Overdue Due	Notes	Provider Group	Reason for Appt	Canceled	ACG RUB	ACG IBI	ACG Date
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			BNH EMERGENCY			Very High	7.44	7/18/2013
			BNH PHY THERAPY		P	High	4.61	7/18/2013
			BNH PHY THERAPY			High	4.61	7/18/2013
			BNH MENTAL HEALTH SVCS	initial/cadien		Very High	7.44	7/18/2013
			BNH PCMH TEAM 2	Medication renewal		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	f/u shortnes of breath from er		High	5.50	7/18/2013
			BNH PHY THERAPY		P	Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	I need a mandatory immunization form signed for college. I have my records.	P	High	3.21	7/18/2013
			BNH PHY THERAPY	Pas entered the order		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	MEDS: Pt request partial refill for Adderall until appt. 8/19/13 tmw		Very High	12.82	7/18/2013
			BNH PCMH TEAM 2	cyst in groin & possible yeast infection		Very High	7.44	7/18/2013
			BNH PCMH TEAM 1	LABS: appt today		High	2.93	7/18/2013
			BNH MENTAL HEALTH SVCS	Per f/u		High	4.61	7/18/2013
			BNH PHY THERAPY		P	High	2.93	7/18/2013



- Look for patients with RUB healthy or low
  - Why are they such high utilizers if disease complexity not there
    - Isolated acute injury or illness with lots of follow-up
    - Behavioral/social support referral for “needy” pt
- Patients with high IBI
  - Try to ensure PCM continuity
  - May need Case management referral either with TRICARE contractor or MTF depending on majority of care



**MHSPHP**

Military Health System Population Health Portal

# Health Services Registry (HSR)

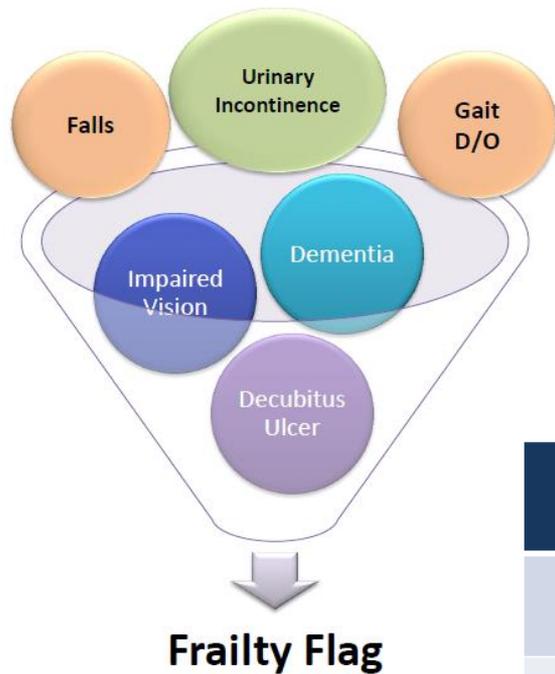
- ACG report data at the patient level
- Contains entire list of patients who were enrolled at least 11 of the 12 month ACG measurement period



## VARIABLES OF INTEREST – USE CASES

- *Frailty Flag*
- *Pharmacy / Total Cost*
- *Hospital Dominant Condition*
- *Coordination of Care*

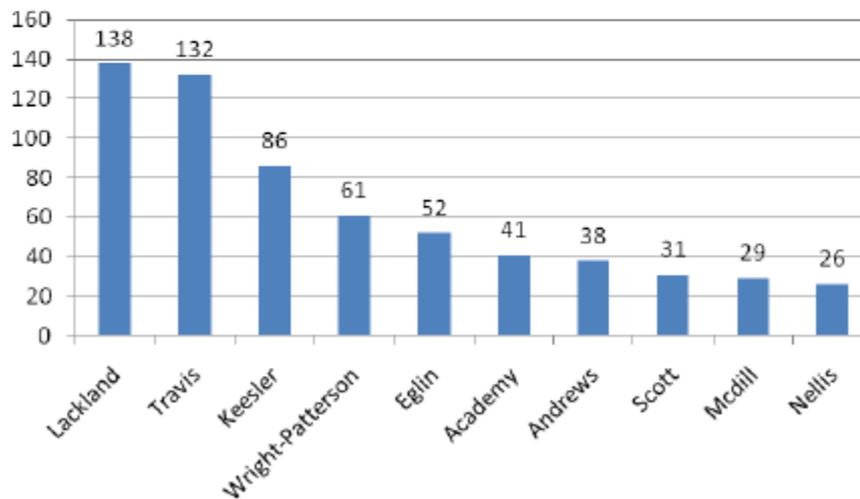
Most data in examples are MHS FY 2012



Outcome	Not Frail n=3,104,864	Frail n=121,801
Outpt Visits	8.8	26.4
Inpt Stays	0.03	0.30
ER visits	0.4	1.14
Pharmacy Cost	518	1,790
Total Cost	3,472	18,055

## Identify Frail patients with Risk of Injury-related Hospitalization

**Number of Frail Patients  
with more than 20% risk of injury-related  
hospitalization**

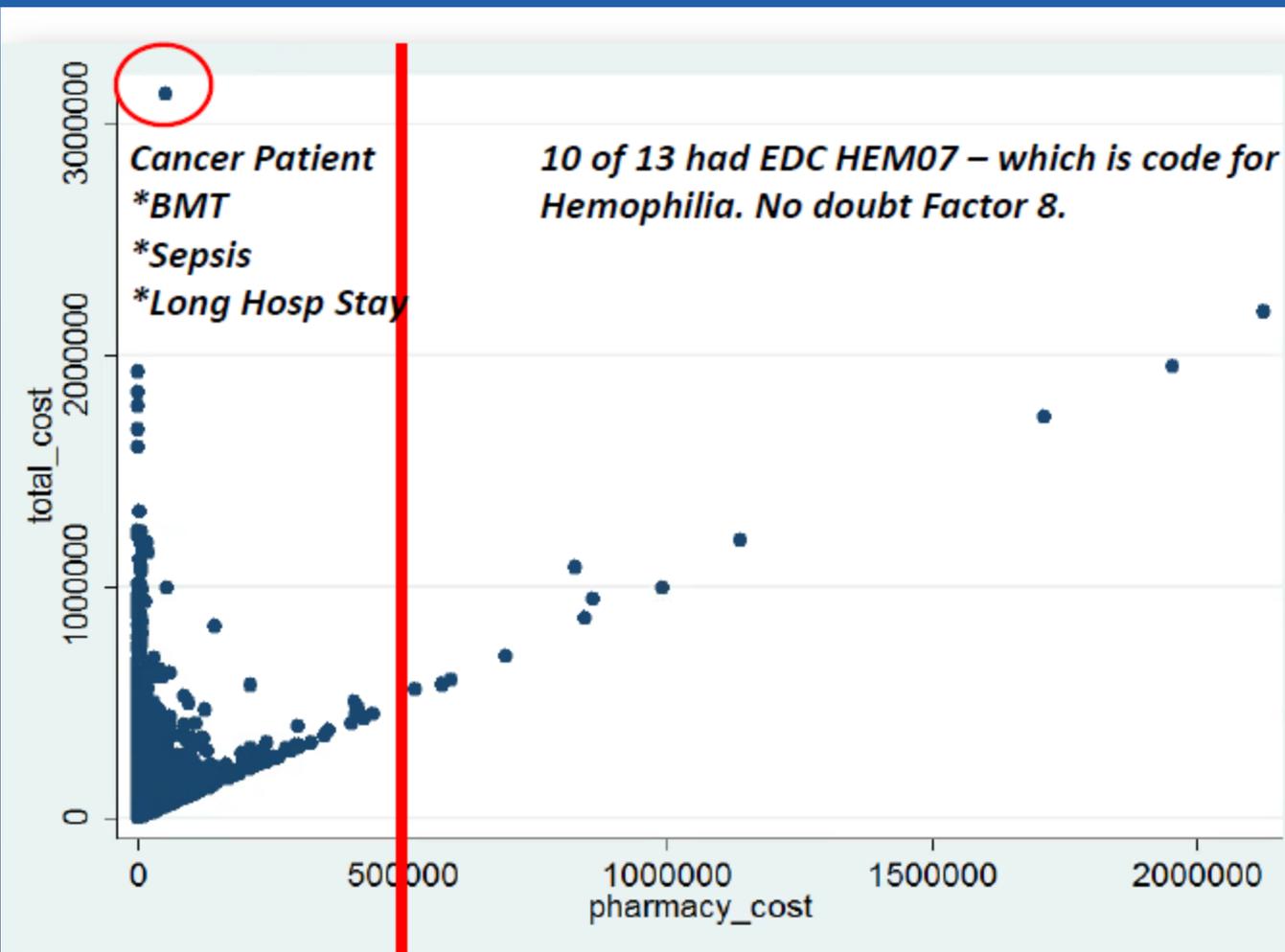


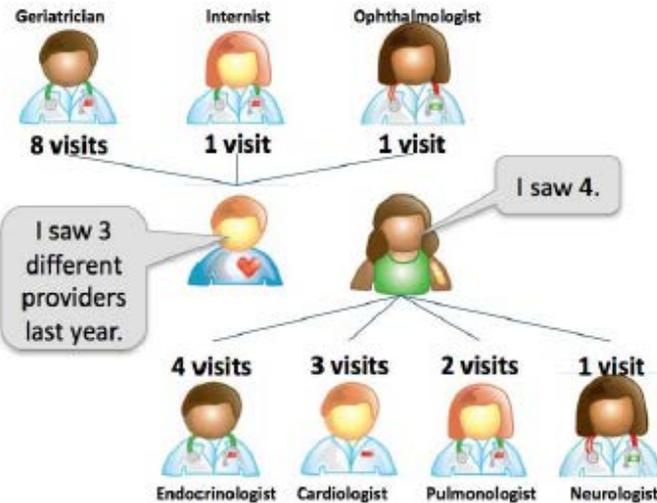
## Sample Patient Profile

Sex	F
Age	87
# Chronic Condition	9
# Hosp Dominant Condition	3
# ER visits	2
# IP admissions	2
# OP visits	65



## Pharmacy and Total Cost





**Example:**

Rx-MG	Number of visits
Endocrinologist	4
Cardiologist	3
Pulmonologist	2
Neurologist	1

Marker	Value
Majority source of care	40%
Generalist seen	No
Unique provider count	4
Unique specialty count	4



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# Hospital Dominant Conditions (Samples)

GI

- Hepatic Coma
- Malnutrition

Infectious

- Streptococcal Septicemia
- Pseudomonal Pneumonia

Hem/Onc

- Malignant Neoplasm, Lung
- Hypersplenism

Pulmonary

- COPD w/ acute exacerbation
- Acute Respiratory Failure

Cardiac

- Acute Cor Pulmonale

Psychological

- Bipolar Disorder
- Alcohol Withdrawal

Column Name	Definition	Methodology
RUB (Resource Utilization Band)	<p>Aggregations of ACGs based upon estimates of concurrent resource that is used to provide a way of separating the population into broad co-morbidity groupings.</p> <p>Resource Utilization Band (RUB)</p> <p>[BLANK] - NO DATA</p> <ol style="list-style-type: none"> <li>0. NON USER</li> <li>1. HEALTHY</li> <li>2. LOW RISK</li> <li>3. MODERATE</li> <li>4. HIGH</li> <li>5. VERY HIGH</li> </ol>	
IBI (Illness Burden Index)	Mean cost of all patients in an Adjusted Clinical Group divided by the mean cost of the patients in the total population	This variable was renamed by HID because the original ACG name would be confusing to clinicians ('rescaled reference concurrent weight').
Frailty	<p>A flag for any one of the 11 diagnostic clusters that represent discrete conditions consistent with frailty (e.g., malnutrition, dementia, incontinence, difficulty in walking).</p> <ul style="list-style-type: none"> <li>• [BLANK] - Frailty Flag = "N"</li> <li>• FRAIL - Frailty Flag = "Y"</li> </ul>	
Probability Injury Hosp	The probability that a patient will have an inpatient hospitalization due to an injury in the next year.	

Column Name	Definition	Methodology
Hospital Dominant Count	A count of Aggregated Diagnostic Groups (ADGs) containing trigger diagnoses which are consistent with a high probability (typically greater than 50 %) of future admission.	Diagnostic examples include but are not limited to: Hepatic Coma, Malnutrition, Streptococcal Septicemia, Pulmonary Malignancy, COPD, Bipolar Disorder, Alcohol Withdrawal, etc.
Chronic Condition Count	A count of Expanded Diagnosis Clusters (EDCs) containing trigger diagnoses indicating a chronic condition of significant duration and resource requirements.	
Unique Provider Count	The number of providers involved in face-to-face outpatient visits for the patient.	
Specialty Count	The number of different specialties involved in face-to-face outpatient visits for the patient.	
Generalist Seen	<ul style="list-style-type: none"> <li>• [BLANK] - Generalist Seen Flag= "N"</li> <li>• GENERALIST SEEN – Generalist Seen Flag= "Y"</li> </ul>	This flag answers the question of whether the patient has seen a generalist in the past year.
Majority Source of Care Percent (MSOC)	The percentage of care that was provided by one individual provider.	For example, if one provider saw the patient 5 out of 10 visits – the MSOC would be 50%.
Coordination Risk	<p>This variable is determined by an algorithm that utilizes four other ACG variables: unique provider count, specialty count, majority source of care, and generalist seen. The three possible categories are as follows:</p> <ul style="list-style-type: none"> <li>• LCI = Likely Coordination Issue</li> <li>• PCI = Possible Coordination Issue</li> <li>• UCI = Unlikely Coordination Issue</li> </ul>	
Outpatient Visit Count	Count of ambulatory and hospital outpatient visits.	Direct Care: MEPR1 = 'B' or MEPR3 in (DDA, DDD, DDE, DGB, DGD, ELA, FBI, FBN). Excludes inferred records and t-cons
Emergency Visit Count	Count of emergency room visits that did not lead to a subsequent acute care inpatient hospitalization.	

Column Name	Definition	Methodology
Inpatient Hospitalization Count	Count of acute care inpatient stays for causes that are not related to child-birth and injury.	
Probability Inpatient Hosp	The probability that this patient will have an inpatient hospitalization in the year following the observation period.	
Pharmacy Cost	The total pharmacy costs for this patient during the observation period.	PDTS cost variables: ingredient cost + dispensing fee + sales tax (if applicable)
Total Cost	The total medical and pharmacy costs for this patient during the observation period.	Full_Cost (minus FullCost_Lab, FullCost_Rad, FullCost_Pharm) + Network NonInst Amount Allow + Network Inst Allow + PDTS Cost + DirOP_Lab_FullCost + DirOp_Rad_FullCost.
Probability of High Pharmacy Cost	ACG Predictive Model (ACG-PM) probability Score for future pharmacy cost -- the probability that this patient will have high pharmacy costs in the next year.	
Probability High Total Cost	ACG Predictive Model (ACG-PM) probability Score for total cost -- the probability that this patient will have high total costs (including pharmacy costs) in the next year.	
Pseudo SPONSSN	This variable is not an ACG variable, but is a random unique number that can be used to identify family members much the way Sponsor SSN was used in past systems. Each family will retain their Pseudo SPONSSN.	This is required due to the mandatory elimination of SSN from health information systems.
Has Duplicate PCMs	This variable is not an ACG variable. It is a marker to identify individual patients that have numerous 'open' PCM assignments. There is a 'Duplicate PCMs' registry that gives you specific information, which will allow you to correct your underlying data via CHCS data input. Finally, if an individual has multiple PCMS, their text will be turned to a blue color, and the PCM name will be highlighted by red text.	

- Review at risk patients for referral to case management or care coordination
  - Frailty Flag
  - Probability of injury
  - Probability of hospitalization
  - Care Coordination risk
  - Hospital dominant conditions
  - Have they seen their PCM? Do they have the best level provider for their level of complexity?

- High number of visits or high cost
- Sort HSR by clicking on the column
- How many specialties?
- How many ER visits?
- Has pt seen generalist ( is PCM a source of continuity)?
- Probability of high pharmacy or total costs?
- Would pt benefit from CM referral?
- Review encounters in patient details



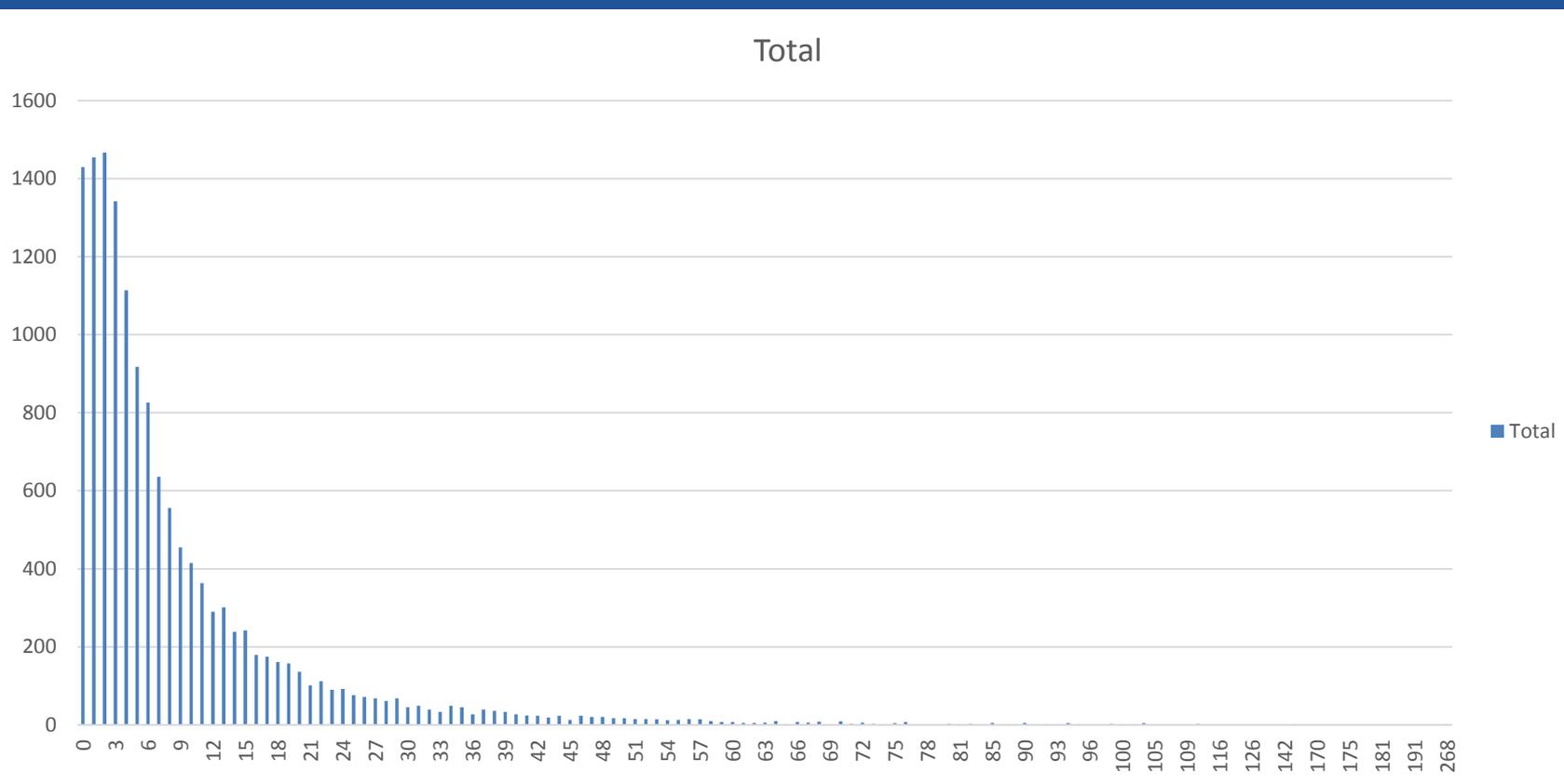
- Resource allocation—if can't manage all patients with a specific condition, focus on the most complex:
  - ACG IBI
  - Risk of hospitalization
  - Number of hospital dominant conditions
  - Likely Coordination Issue
  - Projected costs



**MHSPHP**  
Military Health System Population Health Portal

# FAQ: Why do we have 9-10 outpt visits per provider?

- Export HSR without PII and made pivot table:





**MHSPHP**

Military Health System Population Health Portal

## FAQ: How could the pt have 268 encounters in one year?

- Outpatient visits include network and MTF encounters
- No T-CONS
- Does include:
  - Primary care
  - Specialty care
  - Urgent care
  - Physical, Speech, Occupational, behavior therapies
  - Mental Health counseling



# 498 visits and not LCI?

Frailty Flag	Probability Injury Hosp	Hospital Dominant Count	Chronic Condition Count	Unique Provider Count	Specialty Count	Generalist Seen	Majority Source of Care Percent	Coordination Risk	Outpatient Visit Count	Emergency Visit Count	Inpatient Hospitalization Count	Probability IP Hosp	Pharmacy Cost	Total Cost
N	0.0	0	2	9	2	Y	20	PCI	498	1	0	3.2	30.49	58950.5
Y	0.4	0	1	..	..	..	..	LCI	464	0	1	13.7	219.81	104749.
Y	2.1	1	1	..	..	..	..	LCI	429	0	0	5.0	4864.13	296963.
N	0.0	0	1	..	..	..	..	UCI	425	0	0	1.6	12.01	43967.3
Y	7.1	3	19	..	..	..	..	LCI	388	2	0	42.0	9476.41	77740.0
N	0.0	0	2	..	..	..	..	UCI	377	0	0	10.0	18.03	44801.3
N	0.2	0	2	..	..	..	..	UCI	377	1	0	3.0	232.88	23865.9
N	1.6	0	3	..	..	..	..	LCI	374	0	1	14.9	1890.33	32974.8
N	3.2	2	6	..	..	..	..	PCI	373	3	1	41.8	3958.29	63625.7

**Health Services** ✕

Patient Data

Frailty Flag :	N
Probability Injury Hosp :	0.0
Hospital Dominant Count :	0
Chronic Condition Count :	2
Unique Provider Count :	9
Specialty Count :	2
Generalist Seen :	Y
Majority Source of Care Percent :	20
Coordination Risk :	PCI
Outpatient Visit Count :	498
Emergency Visit Count :	1
Inpatient Hospitalization Count :	0
Probability IP Hosp :	3.2
Pharmacy Cost :	30.49
Total Cost :	58950.58
Probability High Pharmacy Cost :	0.0
Probability High Total Cost :	23.0
Pseudo SPONSSN :	2343156
Note :	

Close

## Health Services

### Patient Data

Frailty Flag :	N
Probability Injury Hosp :	0.0
Hospital Dominant Count :	0
Chronic Condition Count :	2
Unique Provider Count :	9
Specialty Count :	2
Generalist Seen :	Y
Majority Source of Care Percent :	20
Coordination Risk :	PCI
Outpatient Visit Count :	498
Emergency Visit Count :	1
Inpatient Hospitalization Count :	0
Probability IP Hosp :	3.2
Pharmacy Cost :	30.49
Total Cost :	58950.58
Probability High Pharmacy Cost :	0.0
Probability High Total Cost :	23.0
Pseudo SPONSSN :	2343156
Note :	

Close

## Encounters

Date	Location	Specialty	Diagnosis/Reason
<a href="#">12/03/2014</a>	BAMC-SAMMC JBSA FSH--OP MTF	PEDIATRIC CARE NOT ELSEWHERE CLSFD--SCHACHT JOHN P	ROUTINE INFANT OR CHILD HEALTH
<a href="#">11/13/2014</a>	BAMC-SAMMC JBSA FSH--OP MTF	PEDIATRIC CLINIC--HOWARD LORRAINE	AUTISTIC DISORD,CURNT/ACT STATE
<a href="#">10/17/2014</a>	BAMC-SAMMC JBSA FSH--OP MTF	EMERGENCY MEDICAL CLINIC --GUERRA ALICE R	OBSERVATION FOR UNSPECIFIED SUSPECTED CONDITIONS, NOT FOUND
<a href="#">09/12/2014</a>	OFFICE--OP NET	SPEECH-LANGUAGE PATHOLOGIST--DIRKMAAT REBECCA D	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
<a href="#">09/11/2014</a>	OFFICE--OP NET	SPEECH-LANGUAGE PATHOLOGIST--DIRKMAAT REBECCA D	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
<a href="#">09/10/2014</a>	OFFICE--OP NET	BEHAVIORAL ANALYST--BASHAM HEATHER J	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
<a href="#">09/09/2014</a>	OFFICE--OP NET	SPEECH-LANGUAGE PATHOLOGIST--DIRKMAAT REBECCA D	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE
<a href="#">09/08/2014</a>	OFFICE--OP NET	OCCUPATIONAL THERAPIST--GRIFFITH COURTNEY	AUTISTIC DISORDER, CURRENT OR ACTIVE STATE



# Expanded Diagnostic Clusters

MEDC Codes	EDC Codes
<input type="text"/>	<input type="text"/>
ADM GSI GUR INF NUR RES TOX	ADM05 ADM06 GSI06 GUR06 INF06 NUR10 NUR19 RES06 TOX01
ADM GUR MUS NUR PSY SKN	ADM02 ADM05 ADM06 GUR06 GUR11 MUS01 MUS04 MUS14 MUS17 NUR03 NUR21 PSY01 PSY09 SKN08
ADM END EYE GSI MUS NUR PSY REC SKN	ADM02 ADM05 ADM06 END05 EYE12 GSI01 GSI03 GSI06 MUS01 MUS04 MUS16 MUS17 NUR10 PSY04 PSY06 REC02 SKN01
ADM MUS NUR	ADM06 MUS01 MUS12 NUR19
ALL CAR EAR END EYE FRE GAS GSI GSU HEM INF MUS NUR NUT PSY REN RES TOX	ALL03 CAR01 CAR09 CAR10 CAR11 CAR14 CAR15 CAR16 EAR01 EAR08 END02 END04 END05 END07 EYE01 EYE05 EYE15 FRE08 GAS01 GAS07 GAS08 GAS14 GSI01 GSI05 GSI06 GSI08 GSU09 GSU10 GSU11 HEM02 INF08 MUS01 MUS02 MUS03 MUS06 MUS12 MUS13 MUS14 MUS15 MUS17 NUR01 NUR02 NUR03 NUR04 NUR15 NUR21 NUT02 PSY01 REN01 REN02 REN04 REN05 RES02 TOX02 TOX04
ADM EYE GAS GSI INF NUR PSY REC	ADM05 ADM06 EYE05 GAS01 GSI01 INF06 NUR19 PSY01 REC01
ADM EAR EYE NUR NUT REC	ADM02 ADM05 ADM06 EAR01 EYE05 EYE07 NUR15 NUR19 NUT01 REC02
ADM ALL EAR NUR NUT PSY RES SKN	ADM05 ADM06 ALL03 EAR01 EAR06 EAR11 NUR07 NUR15 NUR19 NUT01 PSY10 RES05 SKN02 SKN19
ADM CAR END EYE GSI GTC HEM MUS PSY REN RES	ADM02 ADM05 ADM06 CAR09 CAR11 CAR14 CAR15 END07 EYE13 GSI01 GTC02 HEM02 MUS01 MUS17 PSY01 PSY03 REN01 REN02 REN05 RES05
ADM CAR END GSU GUR HEM INF MUS NUR REN SKN	ADM02 ADM05 ADM06 CAR03 CAR11 CAR14 CAR15 END09 GSU11 GUR12 HEM02 INF09 MUS01 MUS02 MUS14 NUR03 REN01 REN02 SKN08 SKN10 SKN18



**MHSPHP**

Military Health System Population Health Portal

# Public Queries

- Queries released to all to help begin your journey into this data
- Select My Filters at top of page and click RUN to load the query and search the data



**MHSPHP**

Military Health System Population Health Portal

# Questions?

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