



ARMY MEDICINE
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High Utilizer Reports in the Military Health System Population Health Portal

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Presented: 30 January 2013



Date posted: 12 March 2014

Important Note

This briefing includes screen shots from the legacy MHSPHP. During Summer 2013, the MHSPHP patient registry application was moved to the CarePoint 3rd Generation (C3G) IT platform.

The **High Utilizer measure** methodology and report structure used by C3G MHSPHP was not changed. Thus, the interpretation and analysis of the High Utilizer data reports at the MTF level remains valid at this time.

At this time, primary care team members who need access to the MHSPHP reports need to establish an account on the C3G web site:
<https://carepoint.afms.mil>



Objectives

- Describe the population health management tool used across the Military Health System (MHS)
- Detail the population health measure reported on the Military Health System Population Health Portal (MHSPHP) called High Utilizers
- Outline the interpretation and analysis of the High Utilizer data reports at the MTF level



The MHS Value Equation

$$\text{Value} = \frac{\text{Readiness} + \text{Experience of Care} + \text{Population Health}}{\text{Cost (Over a Span of Time)}}$$

Creating a high value Military Health System is predicated on defining and measuring value

Report from Dr. Michael Dinneen, Director, Office of Strategic Management, TMA;
November 2011



Transformation: Army Medical Home



OUR Patient needs A long-term
comprehensive relationship with a
Personal Physician **empowered with the**
right tools and linked to their care team.



Population Health Management

PRINCIPLES:

- Describe the demographics, needs, and health status of the enrolled population
- Appropriately forecast and manage demand and capacity
- Proactively deliver preventive services
- Manage medical and disease conditions
- Continually evaluate improvement in the Population Health status and the delivery system's effectiveness and efficiency
- Energize a total community approach



MHS Population Health Database

Welcome to CarePoint

The CarePoint Application Portal is the DoD healthcare application framework for business intelligence, healthcare content management, user collaboration and personalization. CarePoint is the common development platform providing quick implementation of healthcare applications with a consistent and familiar user experience. CarePoint users enjoy seamless access to multiple applications, reports and features using a single login and common user profile, enabling healthcare professionals to streamline tasks, collaborate more effectively, integrate Line-of-Business (LOB) data and ultimately make better patient care decisions.

MHSPHP is already integrated into CarePoint and many more applications are on the way.

USERNAME PASSWORD LOGIN

REQUEST ACCESS

FORGOT PASSWORD

CarePoint Requires IE 7 or Better
Browser will close if MHSPHP is accessed from IE 6

<https://mhsphp.afms.mil>

- Data model
- Patient level reports
- Inpatient, outpatient and pharmacy data from network claims; direct care encounters stored in M2
- Uses CHCS ad hoc reports, Lab and Radiology ad hoc reports

**Application posts numerous patient by name lists at the MTF level.
MHSPHP metric reports are refreshed each month.**



Military Health System Population Health Portal



Population Health Web-Based Tool

- Transforms data into actionable information
- Support quality/performance initiatives

Clients

- AF, Army, Navy, TRO/MCSCs, TMA/OCMO, JTF CAPMED

Multiple Uses

- Clinical Preventive Services
- Case/Disease Management
- Quality Improvement/Measurement
- Pay for Performance Initiatives
- Balanced Scorecard Reporting

Over 1.4M Army enrollees



MHS-wide web application covering 5.5 M patients

- NCQA HEDIS measures are produced for all three services, TROS, and designated provider plans

Serves various roles

- Comprehensive registry of all patients enrolled to the MTF by disease or preventive services
- Provides detailed MTF information on measure performance
- Reports provided assist with medical management efforts

Comprehensive aggregation of Direct Care and Purchased Care data

Based on Standard Methodologies and compared to Civilian Health Plan Benchmarks



Content



Demographic Information

Preventive Services

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening
- Lipid Panel
- High Cardiovascular Risk
- Well Child Visits

Patient Safety Indicators (PSIQ)

Measures of hospital-level safety, volume, morbidity/mortality

(Release pending)

Disease / Condition Mgmt

- Asthma
- COPD
- CHF
- Depression
- Diabetes
 - HbA1c
 - Retinal Exam
 - Lipids
- Hypertension
- Low Back Pain
- Quick Look Sheet
- High Utilizers**

..... and more!

HEDIS[®] measures are not Clinical Practice Guidelines nor standards of care



SAMMC: DMIS ID 0109



BENCAT COUNTS

All Patients: 51322

ADA - Active Duty Army	8206
ADAF - Active Duty Air Force	502
ADN - Active Duty Navy	991
ADFMLY - Family of Active Duty Member	11986
RTA - Retired Army Service Member	6153
RTAF - Retired Air Force Service Member	4488
RTN - Retired Navy Service Member	1166
RTFMLY - Family of Retired Service Member	17830

DISEASE/CONDITION PREVALENCE

All Patients: 51322

	Count	Percent
Diabetes	4661	9.08%
Asthma	1928	3.76%
Hypertension	8708	16.97%
Dyslipidemia	6643	12.94%
Depression	3826	7.45%
Congestive Heart Failure	233	0.45%
Chronic Obstructive Pulmonary Disease	1015	1.98%
Cardiovascular Disease Risk	690	1.34%
Diabetes Microalbumins	4690	9.14%
High Utilizers	1549	3.02%
Low Back Pain, Acute	1562	3.04%
Low Back Pain, Recurrent	883	1.72%
Cholesterol Management	2143	4.18%

DEMOGRAPHICS

All Patients	51322
All Male	26381
All AD Male	7252
All Female	24941
All AD Female	2447

Basic Age Breakdown

0-4	3117
5-17	9732
18-39	12854
40-49	7324
50-64	11739
>=65	6556

Measure-Related Age Breakdown

ACTION LIST COUNTS

All Patients: 51322

	Completed	Due	Overdue
Breast Cancer Screening	7463	122	2560
Cervical Cancer Screening	8297	100	1753
Chlamydia Screening	185	10	90
Women 16-20	28	0	15
Women 21-24	157	10	75
Colon Cancer Screening	10803	17	3152



High Utilizer Reports from MHSPHP

- High Utilizer (HU) measure is **NOT** a HEDIS® measure
- No national HEDIS benchmark value; MTFs can trend their own reports
- Measure has specified inclusion and exclusion criteria. Reports a variety of types of encounters.
- Intended to indicate potential health status of the population and forecast demand for MTF services
- Can identify candidates for medical management services and resources
- Analysis of patient encounters should focus on type and timing of appointments, and/or location of care
- Contains Direct and Network care encounter coding



High Utilizers - Homegrown Measure

DEFINITION: MTF enrollee with more than 10 outpatient visits for primary, urgent care services in last 12 months

Administration						
BIAA	0060	DIRECT	787.03	VOMITING ALONE	SCHED	
BIAA	0060	DIRECT	845.00	SPRAIN OF ANKLE NOS	SCHED	
BIAA	0060	DIRECT	846.0	SPRAIN LUMBOSACRAL	SCHED	
BJAA	1506	DIRECT	078.19	OTH SPECFD VIRAL WARTS	SCHED	
BJAA	1506	DIRECT	V58.9	AFTERCARE NOS	SCHED	
BJAA	1506	DIRECT	372.30	CONJUNCTIVITIS NOS	SCHED	
BIAA	0060	DIRECT	787.03	VOMITING ALONE	SCHED	
BJAA	1506	DIRECT	840.8	SPRAIN SHOULDER/ARM NEC	WALKIN	
BJAA	1506	DIRECT	724.2	LUMBAGO	SCHED	
BJAA	1506	DIRECT	724.2	LUMBAGO	SCHED	
BIAA	0060	DIRECT	724.3	SCIATICA		
BJAA	1506	DIRECT	724.2	LUMBAGO		
BJAA	1506	DIRECT	722.52	LUMB/LUMBOSA		
		DIRECT	722.10	LUMBAR DISC DISPLACEMENT	SCHED	

ICD-9 Codes and Descriptions are provided

These visits are all on same patient



HU Measure - Inclusion Criteria

NUMERATOR: MTF enrollee with > 10 outpatient encounters to the following clinics:

DIRECT CARE

- Family Practice (BGA, BGZ)
- Primary Care (BHA)
- Flight Medicine (BJA)
- Pediatric (BDA)
- Adolescent (BDB)
- Internal Medicine (BAA)
- Intermediate Care (BHI)
- Emergency Dept (BIA)

Reports indicate location
of services using
MEPRS codes



NETWORK CARE

- Provider specialty (General Practice, Family Practice, Internal Medicine, Pediatrics, Geriatrics) AND
- Service nature (Medical Care, Consultation, Other Medical Service, Mental Health Care) AND
- Place of service (Office, Outpatient Hospital, Emergency Room-Hospital)

Procedure code: All non-urgent care encounters must have a face-to-face E& M code



HU Measure - Exclusion Criteria

DENOMINATOR: All MTF enrollees at the end of the reporting period

Exclusions for conditions requiring frequent visits during previous 12 months are:

- Allergic Rhinitis
- Vaccinations
- Desensitization to allergens
- Prophylactic immunotherapy
- Routine infant/child health check
- Pregnancy focused care
- Delivery/birth focused care
- Dialysis
- Therapy (Occ , Speech, PT, Rehab)
- Long-term use of anticoagulants
- Therapeutic drug monitoring
- Administrative
- Health Survey



HU Reports: Two Levels

1. High Utilizer Summary Report displays each patient as a separate line on the list. Additional ability to expand to a sub-table for each patient that shows all the individual's encounters
2. High Utilizer Report displays every encounter for each high utilizer as a separate line on the list.



High Utilizer Summary Report: Identifies Patients



- ment
- Exclusions Report
- PREVALENCE REPORTS ▾
- OTHER LISTS ▾
- PATIENT LIST BUILDER ▾
- CUSTOM TEMPLATES ▾
- Documentation

At this small MTF, 147 patients are reported

Change page: 1 2 | Displaying page 1 of 2, items 1 to 100 of 147

Change page: | Page size:

Notes	Status	Name	Sponsor SSN	FMP	DOB	Age	Gender	BenCat	PCM
+				20	01/13/1963	49	M	RTN	JOHAN
+				31	02/04/1980	32	F	ADFMLY	MOLIN
+				30	09/10/1986	25	F	ADFMLY	MAUL
+					06/13/2004	8	M	ADFMLY	TONY
+				01	12/13/2004	7	M	ADFMLY	TONY
+				30	05/13/1980	32	F	ADFMLY	MOLIN
+				30	06/14/1967	45	F	ADFMLY	TONY
+				30	11/04/1973	38	F	RTFMLY	MAUL
+				20	10/26/1976	35	M	RTA	MAUL
+				02	04/04/1997	15	F	ADFMLY	CHEEV
+				01	05/16/2000	12	F	ADFMLY	CHEEV
+				03	05/29/2002	10	M	ADFMLY	MOLIN

Each row lists a separate individual

Displays each patient as a separate line on the list with the ability (under + icon) to expand a sub-table to list all the patient's encounters included for that month



High Utilizer Report

Identifies Encounters



Overview Patient Management Metrics Reporting Administration

HIGH UTILIZERS

Change page: 1 2 3 4 5 6 7 8 9 10 ... | Displaying page 1 of 21, items 1 to 100 of 2025
Change page: 1 | Page size: 100

The 147 patients listed on HU Summary have a total of 2025 encounters reported

Notes	Status	Name	Sponsor SSN	FMP	DOB	ICD9 Text	Age	Gender	BenCat
				20	01/13/1963	HYPERTENSION NOS	49	M	RTN
				20	01/13/1963	HYPERTENSION NOS	49	M	RTN
				20	01/13/1963	SCREEN FOR HYPERTENSION	49	M	RTN
				20	01/13/1963	HYPERTENSION NOS	49	M	RTN
				20	01/13/1963	HYPERTENSION NOS	49	M	RTN
				20	01/13/1963	HYPERTENSION NOS	49	M	RTN
				20	01/13/1963	URIN TRACT INFECTION NOS	49	M	RTN
				20	01/13/1963	ASTH W/O STAT ASTHM NOS	49	M	RTN
				20	01/13/1963	ACUTE CYSTITIS	49	M	RTN
				20	01/13/1963		49	M	RTN
				20	01/13/1963		49	M	RTN
				31	02/04/1980	DMII WO CMP NT ST UNCNTR	32	F	ADFMLY
				31	02/04/1980	FEM GENITAL SYMPTOMS NOS	32	F	ADFMLY
				31	02/04/1980	JOINT PAIN-PELVIS	32	F	ADFMLY
				31	02/04/1980	CHRONIC SINUSITIS NOS	32	F	ADFMLY
				31	02/04/1980	DMII WO CMP UNCNTRLD	32	F	ADFMLY
				31	02/04/1980	NAUSEA WITH VOMITING	32	F	ADFMLY
				31	02/04/1980	ABDMNAL PAIN LT LWR QUAD	32	F	ADFMLY

Patient A

Patient B



How to Interpret the Data Sort

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Patient	SSN	FMP	DOB	Age	BenCat	PCM	Provider	Date	Clinic	Location	System	ICD9 Code	Description	
Smith, Snuffy									BIAA		DIRECT	704.8	HAIR DISEASES NEC	
Smith, Snuffy									BIAA		DIRECT	8.8	VIRAL ENTERITIS NOS	
Smith, Snuffy									BDAW		DIRECT	V68.9	ADMINISTRTRVE ENCOUNT NOS	
Smith, Snuffy									BGAA		DIRECT	372.3	CONJUNCTIVITIS NOS	
Smith, Snuffy									PEDS		NETWORK	V09.90	INFC MCRG DRGRST NT MULT	
Smith, Snuffy									BGAA		DIRECT	686.9	LOCAL SKIN INFECTION NOS	
Smith, Snuffy									BDAA		DIRECT	680.9	CARBUNCLE NOS	
Smith, Snuffy									BDAA		DIRECT	682.9	CELLULITIS NOS	
Smith, Snuffy									BGAA		DIRECT	704.8	HAIR DISEASES NEC	
Smith, Snuffy									BIAA		DIRECT	780.6	FEVER	
Smith, Snuffy									BIAA		DIRECT	682.2	CELLULITIS OF TRUNK	
Smith, Snuffy									BGAA		DIRECT	682.9	CELLULITIS NOS	
Smith, Snuffy									BDAA		DIRECT	680.9	CARBUNCLE NOS	

1.) Sort by “Clinic” column to determine where patient had encounter; then by provider, so the rosters can be sent to the individual providers.

Once the rosters are sorted by clinic and provider, the encounter dates can be used to compare to what/when appointments were accessible in the clinic (for example: was provider unavailable, so the patient went to the ED, etc.)

2.) Determine if patient is being seen in the right place for the right reasons.

- Patient visits the ER repeatedly for an uncontrolled condition or condition that should be seen in primary care area.

- Patient seen repeatedly for same/similar conditions

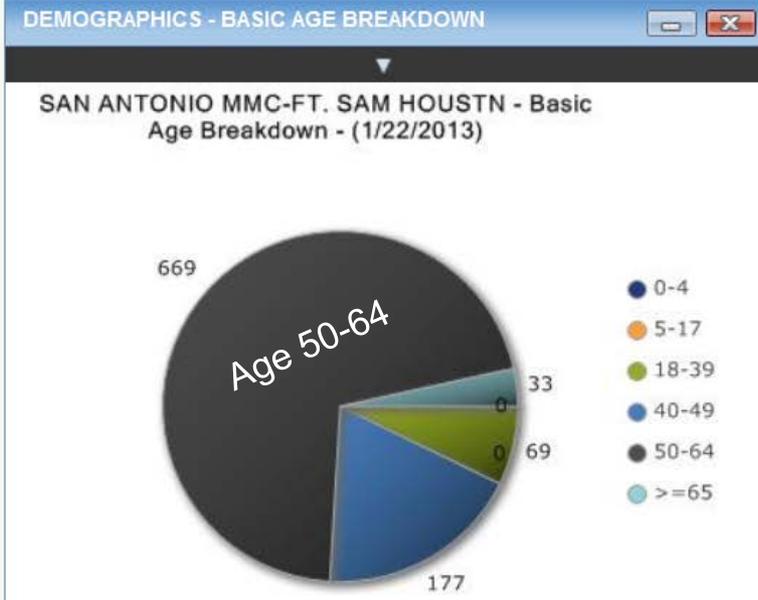
3.) Is access to care an issue (appointment available or time of availability); and is why service is sought in ER or Network care

4.) Determine if patient is a candidate for medical management services



Provider Level Reports

MHSPHP: PCM Overview Report



DEMOGRAPHICS

All Patients	948
All Male	422
All AD Male	0
All Female	526
All AD Female	1

Basic Age Breakdown

0-4	0
5-17	0
18-39	69
40-49	177
50-64	669
>=65	33

ACTION LIST COUNTS

All Patients: 948

	Completed	Due	Overdue
Breast Cancer Screening	350	2	108
Cervical Cancer Screening	280	5	58
No Chlamydia Screening Rows			
No Chlamydia Screening Rows			
Colon Cancer Screening	536	1	154
Diabetes Screening			
A1C	119	4	16
LDL	118	9	17

BENEFIT COUNTS

All Patients: 948

ADA - Active Duty Army	1
ADAF - Active Duty Air Force	0
ADN - Active Duty Navy	0
ADFMLY - Family of Active Duty Member	58
RTA - Retired Army Service Member	289
RTAF - Retired Air Force Service Member	128
RTN - Retired Navy Service Member	45
RTFMLY - Family of Retired Service Member	427



MHSPHP: PCM Overview Report



DISEASE/CONDITION PREVALENCE		
All Patients: 948		
	Count	Percent
3 Diabetes	135	14.24%
Asthma	42	4.43%
2 Hypertension	189	19.94%
1 Dyslipidemia	213	22.47%
Depression	90	9.49%
Congestive Heart Failure	3	0.32%
Chronic Obstructive Pulmonary Disease	15	1.58%
Cardiovascular Disease Risk	17	1.79%
Diabetes Microalbumins	136	14.35%
High Utilizers ←	20	2.11%
Low Back Pain, Acute	50	5.27%
Low Back Pain, Recurrent	29	3.06%
Cholesterol Management	31	3.27%
Antidepressant Medication Management	18	1.90%
Low Back Pain, Imaging	18	1.90%
Well Child	0	0.00%

Information is a rollup of all patients as they appear populated in various reports for this PCM



Quicklook List – Same PCM



Dyslip	HTN	Asthma	Asthma Rx Date	Depression	HU Visits	Flu Risk	Flu Category
DYSI	HTN				15	Yes	>50
				DEPR	11	Yes	COM
					11		
				DEPR	14		
					13		
					13	Yes	>50
				DEPR	13	Yes	>50
					13	Yes	COM
				DEPR	21	Yes	>50
					11	Yes	COM
				DEPR	11	Yes	COM
				DEPR	13	Yes	COM
				DEPR	12	No	NA
	HTN	AST	10/03/2012	DEPR	14	Yes	COM
	HTN				21	Yes	COM
	HTN			DEPR	17	Yes	COM
				DEPR	17	Yes	>50
	HTN				12	Yes	COM

- Quick, efficient way to view data
- List of all patients enrolled
- Displays needs and co-morbid conditions on one line
- Saves time; not necessary to search each by-name list
- Shows nightly updates of lab results, procedures, rad exams, med events

Can sort/filter within patient listings

Contains all 948 patients empanelled



MHSPHP Methods Document

MHSPHP Methods Documents are a Must Read

Updated Annually

Contains:

- Definition
- Benchmark
- Numerator/Denominator
- Coding
- Report Elements

March 2012

Military Healthcare System
Population Health Portal (MHSPHP)

METHODOLOGY DOCUMENT

Healthcare Informatics Division (HID)
AFMSA/SG6H
485 Quentin Roosevelt Rd Suite 200
San Antonio, Texas 78226



Further Analysis

- Patient's Beneficiary Category may justify numerous visits. Example: AD who need pre or post deployment related services
- Screen the types of frequent encounters to determine whether they are appropriate or excessive
- Share findings with patient's PCM for decision making regarding patient referrals and follow-up
- Examine the barriers driving patients to utilize an inappropriate setting for care. Example: Clinic hours, patient knowledge of appointment process, efficiency of appointments
- Examine roles to ensure efficient use of all staff for primary care needs of empanelled patients
- Report findings to all stakeholders. Example: Include all clinic staff, appropriate ancillary staff and command leadership



Conclusion



- Analysis of health care service utilization is a key component of population health management
- Information indicating the number of provider visits per member per year (PMPY) establishes a comparative baseline and identifies patients with significantly “low or high” utilization
- Low utilizers may represent an at-risk group who can be targeted for delivery of preventive services, while high utilizers may be potential candidates for disease and case management strategies
- Reducing the rate of utilization can effectively reduce demand and facilitate recapture of care from the private sector



Discussion Time

