The Military Health Service Population Health Portal (MHSPHP) 2013 Updates

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• CarePoint 3G
  – How to get access
  – MHSPHP 3G
  – PHDR
  – PHPM
• CAC login...but first you must create accounts
• Go to Website: https://carepoint.afmis.mil
• CAC certificate verification—remember which one you choose, because you need to choose it every time
• Next will have screen with options for creating your account....
3 Options for Activating CarePoint account

- 1. CHCS active account: use CHCS userid and password
- 2. Legacy MHSPHP active account: use legacy MHSPHP userid and password
- 3. Neither MHSPHP or CHCS—DO NOT CHOOSE THIS OPTION...
  - Very complicated; easier to get a legacy MHSPHP account (which is one of the steps when you choose option 3)
  - Go to legacy MHSPHP and click “Request Access"

https://mhsphp.afms.mil
Activating Carepoint Account

• Remember don’t don’t choose “I do not have an account....”

• If you don’t have CHCS or Legacy MHSPHP account, you have to create a legacy account to get access to the MHSPHP 3G anyway, so go to legacy website:

https://mhsphp.afms.mil
1. Complete online registration and download electronic request form
2. Complete Request Access Form electronically
3. Send electronically signed form to service representative (link on website to email address)

If you need patient data access you need to explain why.
No Required Training

• Anyone with CHCS account can create MHSPHP 3G patient level account
• If no CHCS account, must explain why in registration “Purpose of Account” or “Job Description”
• Please ensure MTF policies support proper use of exclusions by all with patient level accounts
• Exclusions are for identifying patients who do not need the same standard of proactive care as other patients on the list
• This is typically a clinical decision and should be entered by Nurses and Providers
• Never enter exclusions just because someone moved or because you cannot contact them
  – Exclusions stay with the pt when they move and pt may not receive appropriate care at next location
  – Exclusions remove the due and overdue status for that list—if patient has appointment you will not know they are overdue and need testing
MHSPHP 3G account

• Click to launch the MHSPHP application

• If you activated your CarePoint 3G account with MHSPHP or selected “I don’t have either...” you will be prompted to enter your legacy MHSPHP userid and password (so you have to go get one now if you clicked the option I told you not to click)

• Will match your legacy access with your 3G account
  – If you had patient level access you will have it in 3G
  – If you had aggregate only access, then you will only have access to metrics in 3G

• Once synced, this is the last time you will need to enter any userid/passwords—all CAC log in
1. Click Launch Application

2. Once MHSPHP account created, shortcut will be posted in “My Apps”
MHSPHP Splits in 2

- PHPM: Population Health Patient Management
- PHDR: Population Health Dynamic Reports
PHDR Help Documents

- Online help: video how-to clip library
- User Guide
- Contact Information

DATA-RELATED QUESTIONS
  - Judith.Rosen.1.ctr@us.af.mil

SAS WEB REPORT STUDIO FUNCTIONALITY QUESTIONS
  - Adriana.Vargas.1.ctr@us.af.mil
PHDR User’s guide contents

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• Live demonstration
• Please reference User’s guide and online help
Move mouse over the Patient Management tab—(DON’T CLICK) until menu displays.

Once menu displays, move mouse over Action lists to display Action lists.
Action list and Prevalence Reports menu

This is the Huddle Tool
• Tips:
  – Don’t click on patient management, just point mouse and wait for menu to expand
  – If you click on patient management you return to this logo page
  – Once lists display, Click on the patient list you want to see
Familiarize with Column Headers

*Demo patient data—not real patients*
Green = appt is with their PCM

PCM Group is same as patient’s but appt not with patient’s PCM.
Just mouse over the clock icon to see which service for which the patient is due or overdue

*Demo patient data—not real patients
This icon means the patient was not in the most recent enrollment data for the MHSPHP. Most recent is 2 months ago (the “As Of date”).
Set a Date Range using Appointment Display Filters

You can quickly select a date range of appts to view from the drop down options.

Or enter your own start and end date window. The available range is 2 weeks ago to 4 weeks from now. Click on the calendar icon for easy date choices.
Filter a Column to Display Only a Single Data Element

You can filter on any column. Just click in the filter box and then you can choose a single item to display.

You may only filter a single column, and only one selection filter per column is possible. You may only select from available options.
Sort list by any Column

- Default has appts sorted by Appt Date
- Just click on a column header to sort by that column A-Z (to reverse order, click again when sort finished)
- Example below sorted by Appt Provider—triangle indicates sorted column

<table>
<thead>
<tr>
<th>Appt Date</th>
<th>Appt Time</th>
<th>Appt Type</th>
<th>Appt Provider</th>
<th>Provider Group</th>
<th>Reason for Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/25/2013</td>
<td>13:00</td>
<td>EST$</td>
<td>ADAMSON,VAN W</td>
<td>CARDIOLOGY,WHASC</td>
<td></td>
</tr>
<tr>
<td>4/25/2013</td>
<td>13:30</td>
<td>EST$</td>
<td>ADAMSON,VAN W</td>
<td>CARDIOLOGY,WHASC</td>
<td></td>
</tr>
<tr>
<td>4/25/2013</td>
<td>13:50</td>
<td>EST$</td>
<td>ADAMSON,VAN W</td>
<td>CARDIOLOGY,WHASC</td>
<td></td>
</tr>
<tr>
<td>4/25/2013</td>
<td>14:10</td>
<td>EST$</td>
<td>ADAMSON,VAN W</td>
<td>CARDIOLOGY,WHASC</td>
<td>Non-cardiac</td>
</tr>
<tr>
<td>4/25/2013</td>
<td>14:30</td>
<td>EST$</td>
<td>ADAMSON,VAN W</td>
<td>CARDIOLOGY,WHASC</td>
<td></td>
</tr>
<tr>
<td>4/25/2013</td>
<td>15:30</td>
<td>EST</td>
<td>ALLEN,DANIEL G</td>
<td>OUTPT BEH HEALTH PS,WHASC</td>
<td>f/u per capt</td>
</tr>
<tr>
<td>4/25/2013</td>
<td>14:00</td>
<td>WELL</td>
<td>ANCHAN,JOSHUA C</td>
<td>LACKLAND_PED_TEAM H</td>
<td>4MO WB/WT</td>
</tr>
<tr>
<td>4/25/2013</td>
<td>15:00</td>
<td>EST</td>
<td>ANCHAN,JOSHUA C</td>
<td>LACKLAND_PED_TEAM H</td>
<td>f/u per dr an</td>
</tr>
<tr>
<td>4/25/2013</td>
<td>13:00</td>
<td>EST$</td>
<td>ANDERSON,NATHAN S</td>
<td>CARDIOLOGY,WHASC</td>
<td></td>
</tr>
<tr>
<td>4/25/2013</td>
<td>13:00</td>
<td>WELL</td>
<td>AREND,DARCIE L</td>
<td>GYNECOLOGY CLINIC,WHASC</td>
<td>ANNUAL PA</td>
</tr>
</tbody>
</table>
• ALWAYS set date range first, filter second, sort last “Date->Filter->Sort”
Huddle Tool in MHSPHP

*Demo patient data—not real patients*
Using Filters

The image shows a screenshot of a software interface titled "CarePoint". The interface appears to be a part of a patient management system, with filters and data sources set to "Provider Group". The facility is indicated as "0117 - JOINT (AF) FSH - 59th MED WING-LACKLAND".

The interface includes options for viewing scheduled appointments, with filters for "Provider Group", "Patient Name", "Appt Date", "Appt Time", "Appt Type", and "Appt Provider". The table below displays scheduled appointments with details such as patient name, appointment date, time, type, and provider.
Proactive Care Management

- Make list of patients with overdue A1C with future appt
- Contact to get test done so results are at appt

Could also add (... OR Overdue Contains LDL OR Due Contains A1c OR Due Contains LDL)
Can save the filters

**Filters**

**My Filters**

**Name:** Hannah's Overdue A1C Appointments

**Description:**

**Publish:**

- Private Search?
- Set As Default?

**Create**

**Table:***

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
<th>Publish Options</th>
<th>Default?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

There are currently no saved filters for this report.
How to change Parent and Child DMIS locations on any patient list

- Click on the pencil if you would like to see data for more than one DMIS of the Parent Child group
- As of 4/22/13: DO NOT click pencil if you are not assigned to a parent-child DMIS location
  - The form opens with out ability to close and you would have to close the internet explorer to close the window and log in again
See options for selection
Select a location

- Must click on lower arrow to display list
- Can only choose one location at a time (then click select)
- Adds to box after you click select
Select multiple locations

- Click dropdown arrow again and select another option
- Can select multiple (all) sites to add to box, but must do it one at a time
• Click Apply when done and the patient list or Appointment widget currently being displayed will show all patients or appointments for those DMIS selections
• Safeguarding Personally Identifiable Information

• Store this data encrypted and password protected
  – Safest kept on a network drive

• Do NOT store on thumbdrive, CD, DVD, or portable hard drive
How to encrypt Excel or Word Documents
The remaining 26 slides are NOT required if you have already completed MHSPHP 90 minute training.

USER ENTERED DATA
• Purpose of patient lists is to standardize proactive care for patients with a condition or care need in common.

• Purpose of Exclusions are to identify patients who do not need the same standard of proactive care as everyone else with this condition or care need.
Exclusions

- Patient remains on list but shaded with icon in status
  - Can choose to hide or display excluded patients
- Excluded patients remain in HEDIS—cannot alter HEDIS criteria
  - Will be removed from Medical Home metric if pt met all HEDIS denominator criteria
  - Exclusion impact metric when date entered matches “data current as of”
- Exclusions are attached to patient: stay with pt after PCS
- Exclusions other than death are measure specific
- Exclusions other than death expire after one year
- Exclusions expire after 12 months
  - Review annually: open exclusion then “Save” to extend for another year
  - If modified date not extended, exclusion will disappear after 1 year
  - If Exclusion is deleted, note will be added to pt that states pt was re-included
How to enter Exclusions

Legacy version:
Right Click on arrow in green box

3G version:
Right Click on row containing patient information
Locally Entered Exclusions

Options

Abdul Javari

Reason | Measure | Comment
---|---|---
No Exclusions for this Enrollee

Exclusion

Reason: Patient is deceased
Date of Death: Patient is deceased
Comments:
- Patient has been miscoded
- Measure is inappropriate clinically
- Chronic refusal
- Patient exclusively uses other health insurance for care

Source: Death Certificate

Save | New | Close
Locally Entered Exclusions: Death

- Death applies to all measures
- Must select source of info and enter comment
Locally Entered Exclusions: Comments

• Must enter comment about why pt should be excluded
• Comment rules:
  • Use only Alpha or numeric characters
  • Limited to 100 characters and spaces
Locally Entered Exclusions: Miscoded

- Must choose measure and select information reason
- In comment describe how confirmed miscoding—be sure you reviewed the patient details for the measure’s (i.e., diabetes) encounters and medications
The provider should confirm that the patient does not have the condition. No note would be needed if you have a copy of the medical record from the date(s) where the diagnosis was made and there is no documentation of the condition—a copy of that could go in the paper medical record and you could refer to that in your comment.
Locally Entered Exclusion: Clinically Inappropriate
Should always have a provider note in the medical record documenting this. This is a provider decision. The exclusion comment should point to this note.

Example:
35 y.o. with Pap + HPV 3 yrs ago: use this exclusion and in comment note pt had pap+HPV on ____ (date); next needs screening on _________ (date)
Locally Entered Exclusion: Chronic Refusal

• Must include summary comment to reference AHLTA note where patient was counseled and refused to comply with medical advice
Pt should be counseled on risks and benefits of having and not having the recommended test. The pt then makes informed choice to refuse recommended test. The refusal should be documented in the record.

Pts who do not respond to calls, mailers or are repeated no-shows are not refusing the test. These pts could be scared, forgetful, lazy, lack understanding of the urgency, busy, etc. These are definitely challenging pts to connect with and motivate but should not be excluded from the list.
Locally Entered Exclusion:
Other Health Insurance

Confirm with patient before selecting this exclusion and document in comments and medical record.
This OHI exclusion is for patients who have a PCM outside of TRICARE who is managing their care and they desire to remain enrolled in your MTF. These patients do not seek care from your MTF and the only time you see them is for medications at the Pharmacy.
After Exclusion Entered

<table>
<thead>
<tr>
<th>Reason</th>
<th>Measure</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure is inappropriate clinically</td>
<td>Diabetes</td>
<td>Terminal liver cancer</td>
</tr>
</tbody>
</table>

[Image of a computer screen showing a table for locally entered exclusions for a patient named Adams Vicki. The table includes reasons for exclusion and corresponding measures and comments.]
Excluded patient

<table>
<thead>
<tr>
<th>Name</th>
<th>sponsor SSN</th>
<th>FMP</th>
<th>DOB</th>
<th>Age</th>
<th>Gender</th>
<th>BenCat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbott Javier</td>
<td>30</td>
<td>05/21/1949</td>
<td>61</td>
<td>F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acevedo Dean</td>
<td>20</td>
<td>11/24/1951</td>
<td>58</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Adams Vicki</td>
<td>20</td>
<td>04/24/1962</td>
<td>48</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Aguilar Cedric</td>
<td>20</td>
<td>05/23/1930</td>
<td>80</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Alexander Joy</td>
<td>20</td>
<td>12/16/1937</td>
<td>72</td>
<td>M</td>
<td></td>
<td>RTA</td>
</tr>
<tr>
<td>Ali Cari</td>
<td>20</td>
<td>04/10/1938</td>
<td>72</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Alvarez Benny</td>
<td>20</td>
<td>12/14/1935</td>
<td>74</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Alvarez Otis</td>
<td>20</td>
<td>01/19/1943</td>
<td>67</td>
<td>M</td>
<td></td>
<td>RTAF</td>
</tr>
<tr>
<td>Alvarez Roderick</td>
<td>20</td>
<td>10/29/1952</td>
<td>57</td>
<td>M</td>
<td></td>
<td>RTA</td>
</tr>
<tr>
<td>Andrade Audrey</td>
<td>03</td>
<td>07/06/1994</td>
<td>16</td>
<td>M</td>
<td></td>
<td>ADFMLY</td>
</tr>
</tbody>
</table>
Exclusions Report (only available in Legacy as of 4/16/13) is only place where modified date displays.
The exclusion will disappear one year from this date. Renew exclusion prior to this date by re-opening exclusion and clicking save.
Transferring Patients

• Patients with an exclusion entered at a different MTF than currently enrolled will have an exclusion question icon as their status
  • New MTF can confirm (save) the exclusion and the pt will then be excluded for 1 yr from review date
  • New MTF can also delete the exclusion and exclusion status will disappear
  • If the new MTF does nothing, the exclusion will remain with this icon until expires
Bottom line on exclusions

- Comment should briefly describe why exclusion reason selected
- Medical record must support exclusion
  - Could be auditable
- Click SAVE to exclude patient
- Exclusions stay with patient upon PCS—but will be flagged as entered at another MTF
- Exclusions expire 1 year from entry
- Anyone with patient level access can enter exclusion
- Exclusion report provides list of all exclusions with data entry source
- Exclusion patients are excluded from Medical Home metrics but remain in HEDIS metrics
- Exclusion patients are not included in action list counts on Legacy MHSPHP
- Exclusions for chronic refusal, measure is inappropriate clinically or other health insurance will be included in disease prevalence counts in Overview page
1. Select patient
2. Right click on patient in G3
3. Click on exclusion to open it. then change&/or save or delete
LOCALLY ENTERED DATA: ADD TEST OR SCREENING

Better to use the TSWF MHSPHP AIM form to capture tests from purchased care. See instructions for that purpose.
LOCALLY ENTERED DATA:
NOTES

Legacy MHSPHP
Right Click on arrow in green box

3G version: Right Click on row containing patient information
Measures options are limited to lists containing that patient
Locally Entered Notes

- Limited to 100 characters/spaces
- Only one note per list for each patient
- Generic note appears on ALL lists to include Quicklook
- Updates are typed over old notes—this is a tool for tracking, not for medical notes
  - Not legally binding: no date/time stamp, no signature; anyone can update/delete/change your note
- Delete notes when no longer needed
• DMjr3: FUP4/13 get labs b4 appt

• Translation:
  – Disease Manager-Judy Rosen (3 is number assigned as 3rd J.R. in the MTF—make sure your initials are unique)
  – Follow-up April 2013—call pt, schedule appt for April and have pt get labs done a week before so results are available at appt (and no need to contact with results after appt)
• PCS10/11 Charleston to Portsmouth: joe.smith@us.navy.mil

• Translation:
  – Pt PCS’d in Oct 2011 to Portsmouth. Charleston can do DEERS check on pt in Nov to see if pt enrolled at new site. If not, send friendly reminder to enroll family at new location
Right Click on arrow in green box

Just open note and edit as desired.