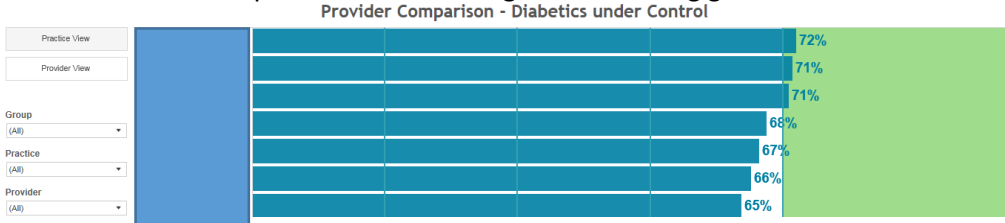


# Lakeland Care Network Ambulatory Quality Dashboards

Tableau Dashboard / Purpose	When to Use it	How to Use it																																													
<p><b>KPI Trending</b></p> <ul style="list-style-type: none"> <li>- To provide a deep dive into each measure</li> <li>- To see which practices/providers are meeting or not meeting goals</li> </ul> <p><b>Diabetic Trending Dashboard</b></p> <table border="1" style="margin-top: 10px; font-size: small;"> <caption>Diabetic Trending Dashboard Data</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>2015</td><td>Q1</td><td>17%</td></tr> <tr><td>2015</td><td>Q2</td><td>41%</td></tr> <tr><td>2015</td><td>Q3</td><td>54%</td></tr> <tr><td>2015</td><td>Q4</td><td>60%</td></tr> <tr><td>2016</td><td>Q1</td><td>22%</td></tr> <tr><td>2016</td><td>Q2</td><td>49%</td></tr> <tr><td>2016</td><td>Q3</td><td>61%</td></tr> <tr><td>2016</td><td>Q4</td><td>65%</td></tr> <tr><td>2017</td><td>Q1</td><td>21%</td></tr> <tr><td>2017</td><td>Q2</td><td>45%</td></tr> <tr><td>2017</td><td>Q3</td><td>57%</td></tr> <tr><td>2017</td><td>Q4</td><td>64%</td></tr> <tr><td>2018</td><td>Q1</td><td>22%</td></tr> <tr><td>2018</td><td>Q2</td><td>46%</td></tr> </tbody> </table>	Year	Quarter	Rate (%)	2015	Q1	17%	2015	Q2	41%	2015	Q3	54%	2015	Q4	60%	2016	Q1	22%	2016	Q2	49%	2016	Q3	61%	2016	Q4	65%	2017	Q1	21%	2017	Q2	45%	2017	Q3	57%	2017	Q4	64%	2018	Q1	22%	2018	Q2	46%	<ul style="list-style-type: none"> <li>- Provider meetings</li> <li>- Tracking practice/provider progress</li> </ul>	<ul style="list-style-type: none"> <li>- Filter on practice/providers, if desired</li> <li>- Filter on month end dates, if desired</li> <li>- Trending graph helps you see the following:               <ul style="list-style-type: none"> <li>o How this month's end compared to last year</li> <li>o Where your rate is in relation to each quarter's goal</li> </ul> </li> <li>- Table shows the following:               <ul style="list-style-type: none"> <li>o Numerators</li> <li>o Denominators</li> <li>o Compliance rate</li> </ul> </li> </ul>
Year	Quarter	Rate (%)																																													
2015	Q1	17%																																													
2015	Q2	41%																																													
2015	Q3	54%																																													
2015	Q4	60%																																													
2016	Q1	22%																																													
2016	Q2	49%																																													
2016	Q3	61%																																													
2016	Q4	65%																																													
2017	Q1	21%																																													
2017	Q2	45%																																													
2017	Q3	57%																																													
2017	Q4	64%																																													
2018	Q1	22%																																													
2018	Q2	46%																																													
<p><b>Practice Comparison</b></p> <ul style="list-style-type: none"> <li>- To provide a deep dive into each measure</li> <li>- To see which practices are meeting or not meeting goals</li> </ul> <p><b>Practice Comparison - Diabetics under Control</b></p> <table border="1" style="margin-top: 10px; font-size: small;"> <caption>Practice Comparison - Diabetics under Control Data</caption> <thead> <tr> <th>Practice</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr><td>Practice 1</td><td>65%</td></tr> <tr><td>Practice 2</td><td>61%</td></tr> <tr><td>Practice 3</td><td>60%</td></tr> <tr><td>Practice 4</td><td>60%</td></tr> <tr><td>Practice 5</td><td>60%</td></tr> <tr><td>Practice 6</td><td>58%</td></tr> <tr><td>Practice 7</td><td>57%</td></tr> <tr><td>Practice 8</td><td>57%</td></tr> </tbody> </table>	Practice	Rate (%)	Practice 1	65%	Practice 2	61%	Practice 3	60%	Practice 4	60%	Practice 5	60%	Practice 6	58%	Practice 7	57%	Practice 8	57%	<ul style="list-style-type: none"> <li>- Provider meetings</li> <li>- Tracking practice/provider progress</li> </ul>	<ul style="list-style-type: none"> <li>- Each bar shows the following:               <ul style="list-style-type: none"> <li>o Current rate</li> <li>o Numerator</li> <li>o Denominator</li> </ul> </li> <li>- Easily see peach practice's progress</li> <li>- Track quarterly goals (blue lines)</li> </ul>																											
Practice	Rate (%)																																														
Practice 1	65%																																														
Practice 2	61%																																														
Practice 3	60%																																														
Practice 4	60%																																														
Practice 5	60%																																														
Practice 6	58%																																														
Practice 7	57%																																														
Practice 8	57%																																														

### Provider Comparison

- To provide a deep dive into each measure
- To see which providers are meeting or not meeting goals



- Provider meetings
- Tracking practice/provider progress

- Each bar shows the following:
  - o Current rate
  - o Numerator
  - o Denominator
- Easily see provider's progress
- Track quarterly goals (blue lines)

### Provider Scorecard

- To provide detailed information for an individual provider
- To use as a talking tool with providers

#### Provider Scorecard

		Practice		Performance		Improvement		Incentive
		2017	2018	May 2018	Year-End Goal	Delta	Improvement Goal	Current Status
		May	May	Goal				
Diabetes Mngment	Diabetic in Control Rate	45.4%	50.1%	29%	70%	4.6%	+1%	MET
	Diabetic in Control Num.	4,556	5,627					
	A1C Testing Rate	59.6%	63.4%	35%	85%	3.8%	+5%	MET
	Patients w/A1C	5,979	7,125					
	Nephropathy Monitoring	49%	49%					
	Total Diabetic Patients	10,026	11,234					

- Individual meetings with providers
- Track progress on the provider level for incentive payouts

- Filter on an individual provider
- Numerators and denominators are shown for each measure
- Count the number of "green" or "red" tiles to find areas of opportunity
- Track which providers are meeting/not meeting goals for the year end incentive
  - o Must meet either performance OR improvement target >50% of measures by Dec. 31 to earn the incentive

### Incentive Summary

PROVIDER	PRACTICE	DIABETIC CONTROL RATE	A1C TESTING RATE	NEPHROPATHY MONITORING	CERVICAL CANCER SCREENING	COLORECTAL CANCER SCREENING	MAMMOGRAPHY CANCER SCREENING	ANTIBIOTICS USAGE	PAIN RELIEF	PAVIL USER	TRIPLE APPOINTMENTS	PROVIDER COMMUNICATION	INCENTIVE RATE
		MET	MET	MET	UNMET	MET	MET	MET	MET	MET	MET	MET	78.2%
		MET	MET	MET	UNMET	MET	MET	MET	MET	MET	MET	MET	78.2%
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	UNMET	UNMET	UNMET	0.0%
		MET	MET	MET	MET	UNMET	MET	MET	MET	MET	MET	MET	78.2%
		UNMET	MET	MET	MET	UNMET	MET	MET	MET	MET	MET	MET	81.8%
		MET	MET	UNMET	MET	UNMET	MET	MET	MET	UNMET	MET	MET	73.2%
		UNMET	UNMET	UNMET	MET	UNMET	UNMET	MET	MET	MET	MET	MET	58.2%
		MET	MET	MET	MET	UNMET	UNMET	MET	MET	MET	UNMET	MET	73.2%
		MET	MET	MET	MET	UNMET	UNMET	MET	UNMET	MET	UNMET	MET	74.2%

- See at a glance who is meeting their goals

- Filter on practice/provider, if desired
- Use the "Incentive Rate" column to quickly see if provider is meeting >50% goal

### Patient List

- To provide detailed information at the patient level for all measures
- To track gaps in care for a patient population
- To use as a talking tool with providers

- To identify gaps in care
- When conducting

- Filter on group/practice/provider, if desired
- Filter on the desired report for each section

Patient List		Diabetes Patient List	
<p>Data current as of end of last month</p> <p>1. Pick who to focus on</p> <p>Group (All)</p> <p>Practice (All)</p> <p>Provider (All)</p>	<p>Diabetes Management (All)</p> <p>Prov Name</p> <p>Diabetes Management A1c Out of Control</p> <p>Pat Mm Id</p> <p>Pat Name</p>	<p>Last Hba1c</p> <p>Last Hba1c Date</p> <p>Last Micro Alb This Year</p> <p>Last Micro Alb Date</p>	<p>patient outreach</p> <p>Provider meetings</p> <ul style="list-style-type: none"> <li>- Click the provider name under the "Prov Name" column</li> <li>- Click "download" in the upper right hand corner of the screen</li> <li>- Click "crosstab" in the popup menu and click "download"</li> </ul>

## Data Definitions

Measure Name	Definition	Exclusion
Diabetic in Control Rate (A1c ≤8)	All diabetics who had an A1c ≤8 during the calendar year.	
Uncontrolled Diabetics (A1c >8)	All diabetics who had an A1c >8 during the calendar year	
Screening for Nephropathy	All diabetics who had one of the following during the calendar year: <ul style="list-style-type: none"> <li>- Microalbumin <b>OR</b></li> <li>- Visit with a nephrologist <b>OR</b></li> <li>- Evidence of ACE/ARB therapy</li> </ul>	
Cervical Cancer Screening	Women ages 21 – 64 who received a pap smear in the last 3 years OR Women ages 30 – 64 who received a pap smear AND and HPV screening in the last 5 years	Women who have had a full hysterectomy or have the absence of a cervix
Breast Cancer Screening	Women ages 52 – 74 who received a mammography in the last 2 years	Women who have had a unilateral or bilateral mastectomy
Colorectal Cancer Screening	Patients ages 50 – 75 who have received one of the following: <ul style="list-style-type: none"> <li>- FOBT within the last year</li> <li>- Cologuard within the last 3 years</li> <li>- Sigmoidoscopy within the last 4 years</li> <li>- Colonoscopy within in the last 10 years</li> </ul>	Patients who have had a history of cancer within the intestines or rectum, or the absence of other specified parts of the digestive tract
Antibiotic Usage	All patients who had an encounter with a provider during the calendar year and received an antibiotic	
Panel Engagement – ALL	All patients who had an encounter with their attributed provider during the calendar year	

Panel Engagement – Medicare	Medicare patients (ages 65+) who had an encounter with their attributed provider during the calendar year	
Patient Satisfaction	Numerator includes survey answers that were top box (always)	