CPCI User Training

Friday, February 27, 2015
Greg Augustine, Azara Healthcare
Agenda

• How to Log In
• The Home Screen
• General Navigation
• Reports vs. Measures
• Compliance Reports
• The Measures Analyzer
• Clinical Registry Reports
• Patient Visit Planning
• Help
Logging In

• Launch a web browser and in the address field enter:
  https://drvs.azarahealthcare.com/<ctr abbrev>

• At the Log In Screen enter the following
  • Company Code: CHCANYS
    • Defaults and is grayed out with respect to entry
  • User Name: <email address>
  • Password: <password>
    • The first time you login you will need to use the password supplied in your “Welcome email” and you will be required to change your password
Logging In – Welcome Email

You will receive an email with your login credentials

Welcome to DRVS!
AzaraDRVSAAdmin@azarahealthcare.com
Sent: Saturday, May 5, 2012 11:01 AM
To: Greg Augustine

Welcome to Azara DRVS

Your user credentials:
Company Code: CHCANYS
User Name: Greg.augustine@azarahealthcare.com
New Password Code: ||||LB5G

NOTE:
This is a temporary password. You are required to change your password once you log in.

Thanks, Azara Healthcare
The Home Screen

After logging into CPCI, the Home Screen is displayed. There are four (4) main sections on this page.

1. Stoplight Panel / Dashboard
2. Quick Links
3. Contact Information
4. Events and Announcements
Home Screen Preferences

Click on the ‘Preferences’ link below your login to change the Scorecard Widget on your home page.
Navigation within CPCI

There are two (2) main tool bars found throughout CPCI

Main Navigation Bar
• Displayed near the top of all screens
• Useful in navigating through the screens and reports of the application
• Tabs on the main navigation bar give quick access to the Home screen, Reports menu, Measures menu, and Help screen

Utility Bar
• Located below the main navigation bar
• Contains a set of common utility buttons found on most screens or reports
• May vary slightly depending on the type of screen/report
• Common utility buttons include: (Show/Hide) Filters, PDF (Export), Excel (Export), Report Issue, and Add to Favorites
Reports and Measures

Data is presented in CPCI in either a Report or the Measure Analyzer

- There are three (3) basic types of Reports in CPCI
  - Compliance Reports
    - Aggregated Data for Meaningful Use, UDS, PCMH
  - Clinical Registry Reports
    - Patient Level Detail for specific Chronic Conditions (e.g., Diabetes, Hypertension) or Preventive Care Segments (e.g., Adult Female, Adult Male)
  - Clinical Operations
    - Patient Visit Planning

- The Measure Analyzer allows users to complete ad-hoc analysis for specific measures (e.g., A1c > 9)
  - Review trends
  - Benchmark providers
  - Identify outliers and disparities in care
CHCANYS centers currently have access to Compliance Reports for:

- CHCANYS Projects
- UDS
- Meaningful Use
  - Current (2014)
  - Legacy (2011-13)
- PCMH
  - Current (2014)
  - Legacy (2011)
Compliance Reports

Compliance reports typically displayed as a Scorecard which includes:

- Measure
- Stoplight Grade
- Target (%)
- Result (%)
- Numerator
- Denominator
- Target (%)
- Exclusions

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Result</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Exclusions</th>
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</thead>
<tbody>
<tr>
<td>A1c &lt; 8 (NQF 0575)</td>
<td>70%</td>
<td>49%</td>
<td>1,181</td>
<td>2,459</td>
<td>4</td>
</tr>
<tr>
<td>A1c &gt; 9 (NQF 0050)</td>
<td>29%</td>
<td>14%</td>
<td>332</td>
<td>2,459</td>
<td>4</td>
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<tr>
<td>A1c Tested</td>
<td>89%</td>
<td>58%</td>
<td>1,356</td>
<td>2,459</td>
<td>13</td>
</tr>
<tr>
<td>BP &lt; 130/80</td>
<td>33%</td>
<td>62%</td>
<td>1,521</td>
<td>2,459</td>
<td>0</td>
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<tr>
<td>Depression Screening</td>
<td>50%</td>
<td>0%</td>
<td>0</td>
<td>2,459</td>
<td>4</td>
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<td>Eye Exam (NQF 0055)</td>
<td>57%</td>
<td>44%</td>
<td>1,083</td>
<td>2,459</td>
<td>3</td>
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<tr>
<td>LDL-C &lt; 100 (NQF 0084)</td>
<td>46%</td>
<td>29%</td>
<td>486</td>
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<td>LDL-C Tested (NQF 0094)</td>
<td>85%</td>
<td>42%</td>
<td>1,036</td>
<td>2,459</td>
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Compliance Reports

Consistent tabs, links, and graphics help you easily find the features, functions, and tools you need to easily navigate and use CPCI

- Measures highlighted in blue are clickable links that allow the ability to drill down into Measure Analyzer
- Information buttons found throughout the system give more specific information about the measure or data
- Supporting detail behind each measure can be directly exported to Excel
Filtering Results

• Results can be filtered based on a period of time, specific providers or specific locations
• To customize your analysis, click Filters, choose the filters / parameters, and click the Update Report button
Measure Calculations

- **Overall Patient Population**
  Total Patients in EPM/EHR

- **Active Patient Population**
  Patients Seen in Last 18 Months

- **Denominator**
  Initial Base Measure Population

- **Numerator**
  Denominator Patients Compliant with Measure

- **Exclusions**
  Patients Removed From the Denominator

Measure Calculation: Numerator / (Denominator - Exclusions)

UDS removes exclusions prior to calculation; patient will not be displayed in patient detail reports.
Reporting Periods

There are four (4) main “Period Types” to run a Scorecard Report or individual measure in the Measure Analyzer

- Year (Calendar)
- Trailing Year
- Quarter
- Month

Specifications, however, are typically written for a calendar year period.
Reporting Period Types

All period types follow and adhere to the same specification with regards to

- The length of the measurement period
- Patient age / gender criteria
- Lookback period for a specific lab, diagnostic image or screening

Azara applies the specifications the same across all period types within CPCI with the following key differences:

- Trailing Year
  - The measurement period start and end dates are shifted
    - The period for TY September 2014 is 10/1/13 thru 9/30/14

- Quarter and Month
  - The measurement period start and end dates are shifted
    - The period for Q3 2014 is 7/1/14 thru 9/30/14
    - The patient must have a visit in the quarter (or month) – between 7/1/14 and 9/30/14
# Example: Breast Cancer Screening (MU 2014)

## Denominator:
- Patients at least 42 and no more than 69 years at the end of the measurement period who had an outpatient encounter within the year prior to the end of the measurement period  
  - AND who have not had either a bilateral mastectomy or two (2) unilateral mastectomies

## Numerator:
- Pts with a breast cancer screening within 2 years prior to the end of the measurement period

## Application of the specification within DRVS for each period type:

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<th>Period</th>
<th>Denominator</th>
<th>Exceptions</th>
<th>Numerator</th>
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<td>Year (2015)</td>
<td>Jan 1, 2015 – Dec 31, 2015</td>
<td>Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 12/31/15</td>
<td>Screening (Mammography) w/in 2 years prior to 12/31/15</td>
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<tr>
<td>Denominator</td>
<td>OP Encounter w/in the year prior to 12/31/15</td>
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<td></td>
<td>AND</td>
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<td></td>
<td>Pt at least 42 and not more than 69 as of Dec 31</td>
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<td>AND</td>
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<td></td>
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<td></td>
<td>OP Encounter between 1/1/15 and 12/31/15</td>
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<table>
<thead>
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<th>Trailing Year (TY Feb 15)</th>
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<th>Exceptions</th>
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<td>Year (2015)</td>
<td>Mar 1, 2014 – Feb 28, 2015</td>
<td>Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 2/28/15</td>
<td>Screening (Mammography) w/in 2 years prior to 2/28/15</td>
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<tr>
<td>Denominator</td>
<td>OP Encounter w/in the year prior to 2/28/15</td>
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<td>AND</td>
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<td></td>
<td>Pt at least 42 and not more than 69 as of Feb 28</td>
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<td>AND</td>
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<td>OP Encounter between 3/1/14 and 2/28/15</td>
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<thead>
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<th>Month (Feb 15)</th>
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<th>Exceptions</th>
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<td>Year (2015)</td>
<td>Feb 1, 2015 – Feb 28, 2015</td>
<td>Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 2/28/15</td>
<td>Screening (Mammography) w/in 2 years prior to 2/28/15</td>
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<tr>
<td>Denominator</td>
<td>OP Encounter w/in the year prior to 2/28/15</td>
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<td>AND</td>
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<tr>
<td></td>
<td>Pt at least 42 and not more than 69 as of Feb 28</td>
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<td></td>
<td>AND</td>
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<td></td>
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<td>OP Encounter between 2/1/15 and 2/28/15</td>
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<th>Quarter (Q1 15)</th>
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<td>Year (2015)</td>
<td>Apr 1, 2014 – Mar 31, 2015</td>
<td>Bilateral Mastectomy or 2 Unilateral Mastectomies at any time prior to 3/31/15</td>
<td>Screening (Mammography) w/in 2 years prior to 3/31/15</td>
</tr>
<tr>
<td>Denominator</td>
<td>OP Encounter w/in the year prior to 3/31/15</td>
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<tr>
<td></td>
<td>AND</td>
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<td>Pt at least 42 and not more than 69 as of Mar 31</td>
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<tr>
<td></td>
<td>OP Encounter between 1/1/15 and 3/31/15</td>
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</tbody>
</table>
Measure Analyzer

CHCANYS centers currently have access to a large number of measures across multiple categories

- CHCANYS Projects
- UDS
- Meaningful Use
  - Current (2014)
  - Legacy (2011-13)
- PCMH

The Measure Analyzer can be accessed directly from the Main Navigation Bar or by ‘drilling’ into Measures from Scorecard Reports
Measure Analyzer

The Measure Analyzer screens contain three (3) graphical components:

- Multi-Period Trend
- Current Period Benchmarks
- Current Period Comparisons
Measure Analyzer – Multi-Period Trend

• The graph of the Multi-Period Trend allows you to look at the filtered measure value as a trend line over a period of time.
• For those measures where a threshold has been established, the primary and secondary targets are displayed as a green and yellow lines for comparison.
Measure Analyzer – Benchmarks

This chart shows the selected measure results for the most recent time period against Best and Average benchmarks.

- **Selected**: Result for filters (e.g., providers) selected
- **Best Center**: Result for the center in the PCA with the best results
- **PCA Average**: Average result for all centers in the PCA
- **Center Average**: Average result for all providers at your center
Measure Analyzer – Comparisons

- Displays Comparison data in chart or table form.
- The table form color codes whether the results have met the threshold (green) or not (red)
- Clicking on the bars in the bar chart or the highlighted links in the table ‘drills’ down into the measure for more detail and a new Measure Analyzer is displayed
Measure Analyzer – Filtering

• As in the Scorecard Reports, results can be filtered based on a period of time, specific providers or specific locations
• To customize your analysis, click Filters, choose the filters, and click the Update Report button
Measure Analyzer - Patient Detail

• The Measure Analyzer supports access to the patient data behind the Numerator and Denominator values. This is done by clicking the Patient Detail button from the utility bar.

• The resulting Patient Detail List is sortable and may be exported as either a PDF or an Excel spreadsheet.
Clinical Registry & Operations Reports

Current Clinical Registry Reports include:

- Adult Female Primary Care
- Adult Male Primary Care
- Pediatric Primary Care
- Immunizations (Childhood)
- Diabetes Labs & Services
- Asthma Status & Management
- Hypertension
- HIV
- Depression

Clinical Operations

- Patient Visit Planning Report
Clinical Registry Reports

- Provide a method to manage chronic conditions, measure preventive clinical parameters, and analyze improvement.
- Clinical Registries allow you to create reports with patient level detail that can be used to either:
  - Retrospectively analyze data based on their most recent encounter.
  - Prospectively analyze data based on their next appointment.
- There is a common set of data elements in each report (e.g., Patient Name, MRN) and a set of data elements specific to the Chronic Disease or Preventive Care category.
Clinical Registry Reports

- The result set can be sorted on any column by clicking on the highlighted heading
  - Columns may also be moved around by dragging and dropping to put in a different order
- Reports may be exported as either an Excel spreadsheet or PDF tearsheet
- Results can also be grouped
Clinical Registry – Filtering

• Results can be filtered based on a period of time, specific providers or specific locations.

• To customize your analysis, click **Filters**, choose the filters, and click the **Update Report** button.
  
  • Pressing the **More Filters** button from within the filters screen opens an additional popup screen of filtering options.
What does the Pt Visit Planning Report Do?

- Performs an *electronic chart audit* for chronic and preventative care action items for each scheduled patient.

- Facilitates *more efficient* pre-visit planning by allowing care teams to review patients’ *preventative and chronic care alerts, in one report.*

- Displays *only actionable items* to keep the team focused.

- Displays patients’ *chronic illnesses* and *risk factors* to help staff identify high need patients *who need additional care coordination.*
Clinical Operations - Patient Visit Planning

Facilitates more efficient pre-visit planning sessions by allowing care teams to review alerts for patients with upcoming appointments

- Displays *only* relevant and actionable items to help teams prepare for visits
- Displays active diagnoses and relevant risk factors
- Alerts indicate whether particular clinical parameters, labs or screenings are (a) missing, (b) overdue or (C) not in “good” control
- Alerts are *configurable*

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Risk Factors</th>
<th>Alerts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Tobacco User</td>
<td>BMI</td>
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<tr>
<td>Hypertension</td>
<td>Pregnant</td>
<td>BMI Percentile</td>
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<tr>
<td>Asthma</td>
<td>Obesity (OBS)</td>
<td>Mammogram</td>
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<tr>
<td>Depression</td>
<td>Severe Mental Illness or Psychoses (SMIP)</td>
<td>Pap Smear</td>
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<tr>
<td>HIV</td>
<td>Substance Abuse or Dependence (SAD)</td>
<td>Asthma Severity</td>
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<td>CHF</td>
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<td>Depression Screening</td>
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<td>CAD</td>
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<td>Nutritional Counseling</td>
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<td>IVD</td>
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<td>Physical Activity Counseling</td>
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<td></td>
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<td>Colorectal Cancer Screening</td>
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<tr>
<td></td>
<td></td>
<td>BMI and Follow-Up</td>
</tr>
</tbody>
</table>
Patient Visit Planning

• Like the Clinical Registries, the Patient Visit Planning report can be run:
  • Prospectively to prepare and plan for patients’ upcoming appointments
  • Retrospectively (based on patients’ most recent encounter) to review the success of care teams planning, preparation and execution

• The report is organized by provider and appointment time and may be filtered by provider or location

• Reports may be exported and printed as a PDF tearsheet
Customizing the Pt Visit Planning Report

- Clicking the “i” button allows you to see current settings for your center
- Alerts can be configured to meet the needs of your center
  - Alerts can be turned on / off
  - Alerts can be associated with specific diagnoses
  - Lookbacks can be varied and modified
  - Min and Max values for labs and blood pressure can be changed

<table>
<thead>
<tr>
<th>Center</th>
<th>Alert</th>
<th>Target Min</th>
<th>Target Max</th>
<th>Target 2 Min</th>
<th>Target 2 Max</th>
<th>Lookback Days</th>
<th>Diabetes</th>
<th>HIV</th>
<th>Asthma</th>
<th>HTN</th>
<th>Depression</th>
<th>COPD</th>
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<th>IVD</th>
<th>Tobacco User</th>
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Help

The Help Screen includes links to:

• The User Guide
• A mapping document detailing where data has been pulled from the CHCANYS source systems for inclusion in CPCI
• Websites of compliance organizations (CMS)
What’s Coming...

- Azara deploys new releases on about an eight (8) week cycle
  - Releases consist of new functionality and application improvements
- Release Notes are published and emailed following all major releases

DRVS Release Notes

October 30, 2014

What’s New in DRVS Release 3.13

Release 3.13 is the culmination of much work by the Azara team. Once again UDS season is upon us and this release contains tons of updates that make our UDS reports even smarter. The 2014 UDS manual has not yet been released, but as soon as it is out we'll be adjusting the HIV follow-up and Depression Screening measures. Also included are new PCMH reports using more current 2014 measures. We are excited to make this release available and look forward to putting forth new and exciting functionality in future releases.

As always, contact us at support@azarahc.com if you have any questions or concerns.

UDS 2014

Our August release featured many changes in support of UDS 2014 reporting based on HRSA’s Program Assistance Letter (PAL). This release sees some additional changes being rolled out. These changes are outlined below. Note that all measures developed or updated per the PAL are subject to change based on publication of the official specifications in the forthcoming UDS 2014 manual. Details for the PAL can be found here.

Prenatal Care (Table 6b) and the Measure Analyzer

Modified the Prenatal Care measure to show groupings by trimester/location in the comparison chart of the Measure Analyzer as opposed to the timeline chart,
Key Contact Information

• For assistance with use of CPCI data and reports for Quality Improvement, contact CHCANYS Quality Improvement Program
  qiteam@chcanys.org

• To access CPCI, contact your health center’s CPCI Administrator, or Natalya Malamud, Health IT Project Manager, CHCANYS at
  Nmalamud@chcanys.org

• For technical support or to report data quality concerns, contact Azara Technical Support
  support@azarahealthcare.com

• CPCI URL
  https://drvs.azarahealthcare.com/ryan

• **When you report an issue ... be specific !**
  • What Report / Measure were you running ?
  • What Filters were you using ?
  • Provide examples (e.g., MRN) ?
  • What were you expecting ?