2020 Quality Performance Dashboard Training Guide
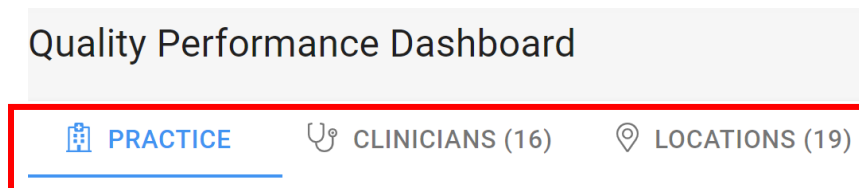
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➤ Upon logging in you will be brought to the 'Quality Performance Dashboard' (star icon).
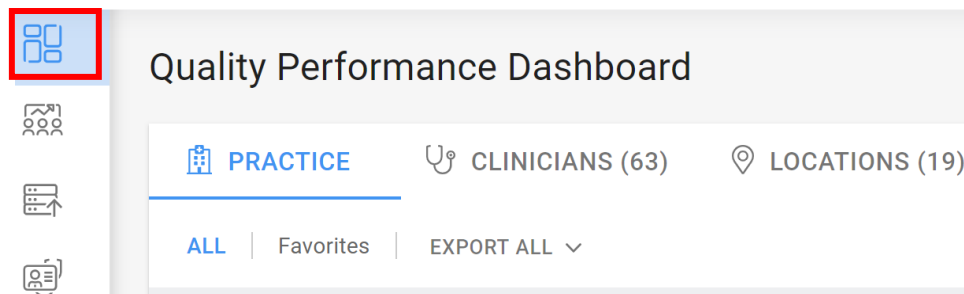
- You can view measure performance scores either as a whole practice, individual clinician, or per location. You can select how you would like to view your performance scores by clicking on '**practice**', '**clinician**', or '**location**'.
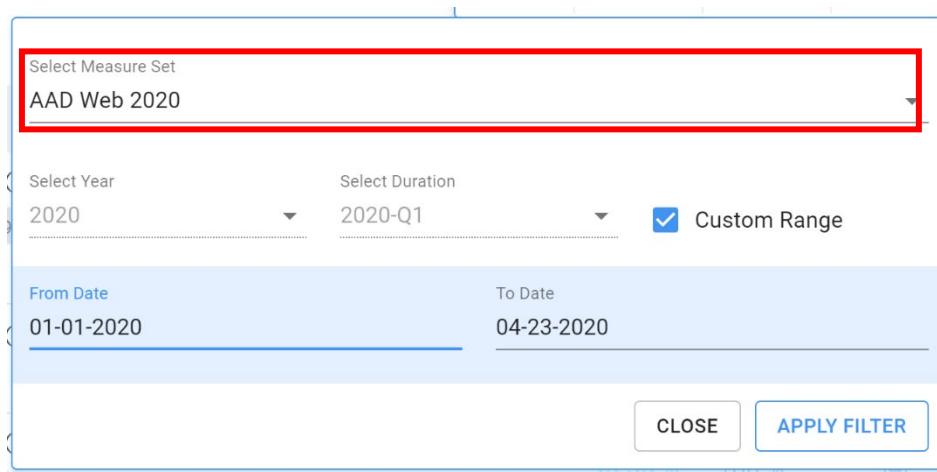

➤ To view your 2020 performance scores, ensure your dashboard is filtered for the correct dates you'd like to view. Click '**Change**' on the top right-hand side of your dashboard.
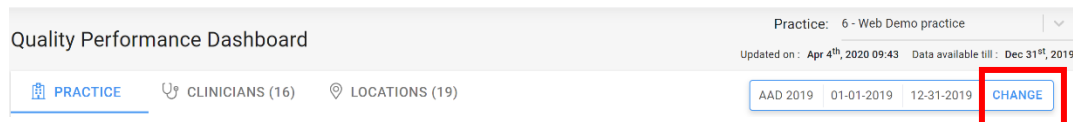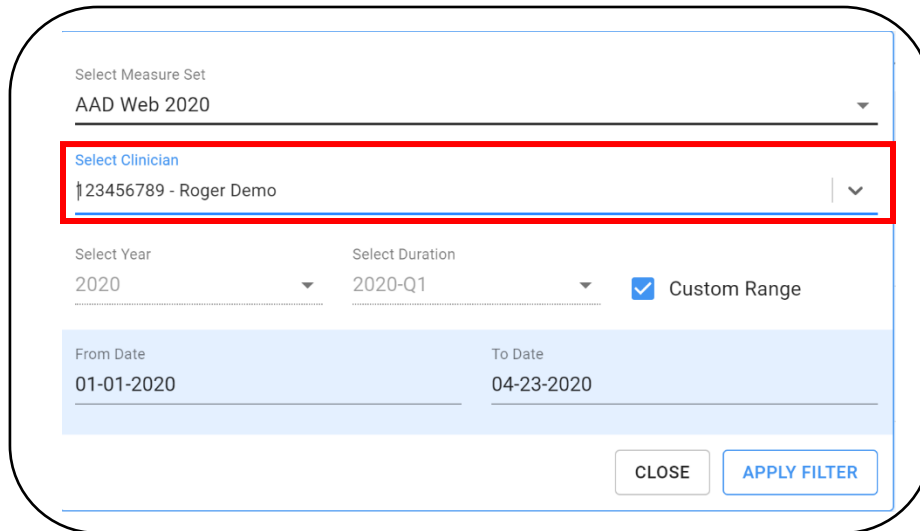
- The following pop-up will appear. You will need to select the measure set you'd like to view.
  - For Manual Users: Select '**AAD Web 2020**'
    - This measure set will display all 2020 MIPS reportable measures.
  - For EHR integrated Users:
    - You can select either 'AAD Web 2020' to view 2020 MIPS reportable measures. **OR**
    - '2020 AAD'--this will include all MIPS reportable measures as well as Non MIPS reportable measures (e.g. AAD 27, 28, etc. please note these measures cannot be used towards the quality category for MIPS reporting).

Select Measure Set

AAD Web 2020

Select Year
2020

Select Duration
2020-Q1

☑ Custom Range

From Date
01-01-2020

To Date
04-23-2020

CLOSE   APPLY FILTER

- If you previously selected 'Clinician' as you wanted to view measure performance scores for each individual, you will also need to select the clinician. Use the drop down and select the provider.

Example of 'Clinician' view pop-up box

➢ You can customize the date range by clicking on the 'from date' and 'to date'.
  - The default will have the start date as 01-01-2020 and the end date will be the current date.
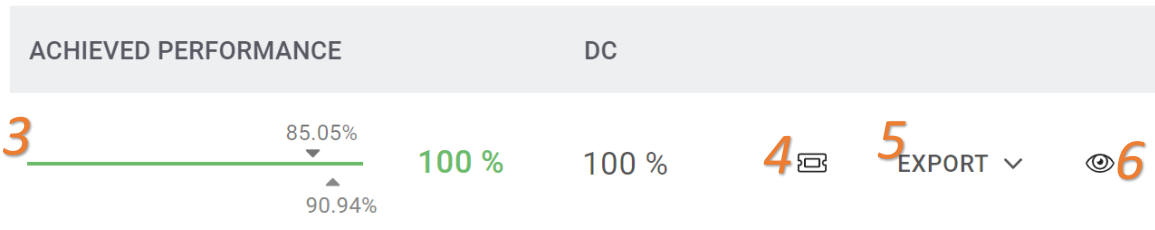
➢ Click '**Apply Filter**'.

➢ All measures will display as shown below.

1. *Measure status:* these statuses are provided by FIGmd. You can review the description of the status by hovering over the status in your dashboard. Examples of statuses are below.
   - o Measure operational
   - o Practice Review

- o Exploration
- o Exploration complete

2. *Date of last data refresh for the measure*

ACHIEVED PERFORMANCE		DC			
3 85.05% ▼ ▲ 90.94%	100 %	100 %	4 ⬛	5 EXPORT ⌄	👁 6

3. *Achieved performance/Performance Rate: Shows the percentage of patients who met the measure (numerator) divided by the total number of eligible patients reported (denominator).*

   - o *Top percentage: e.g. 82.12% is the registry average*
   - o *Lower percentage: e.g. 90.94% is the CMS benchmark*

4. *Service Ticket: click on the ticket icon and you can input a service ticket if you have any concerns pertaining to the measure.*

5. *Export measure data:*
   - o *You can export your data into one of the following: PDF, CVS, excel sheet.*
   - o *Use the data for your own records (e.g. these reports can be used towards IA_PM_7).*
   - o *There is an 'Export All' button at the top right hand side of your Quality Performance dashboard if you'd like to export a report of all your measures' details.*

6. *Details: Provides the breakdown of the number of patients in the denominator, denominator exclusions, denominator exceptions, numerator, numerator exclusions, patients met, patient not met, DC not met, and Performance rate %.*

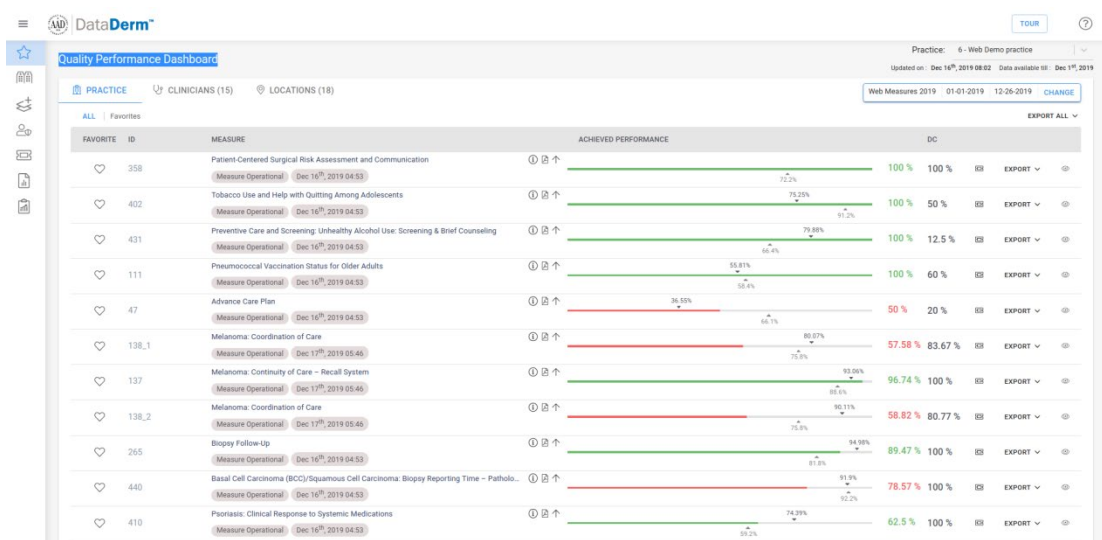| DEN	DEN EXCL	DEN EXPT	NUM	NUM EXCL	MET	NOT MET	DC NOT MET	PR
4	0	0	3	0	3	1	0	75 %

DEN: Denominator, DEN EXCL: Denominator Exclusion, DEN EXPT: Denominator Exception, NUM: Numerator, NUM EXCL: Numerator Exclusion, DC NOT MET: Data Completeness Not Met(Note: In order to move the DC Not Met visits to either 'Met' or 'Not Met' criteria, please refer the training guide in Registry Documents section under

Example measure performance details

** If you have data under 'DC not Met', these patients are not counted towards your performance rate; however, these patients have been recognized as being eligible for the measure and you can report on these patients for the measure if you choose. Please follow the instructions below if you would like to report on those 'DC not met' patients.

Data Completeness Not Met Work Flow (Manual Users only):

Step 1: Log in to the 'Quality Performance Dashboard',

Step 2: Click on a 'View Details' (Eye Icon) for a particular Measure,
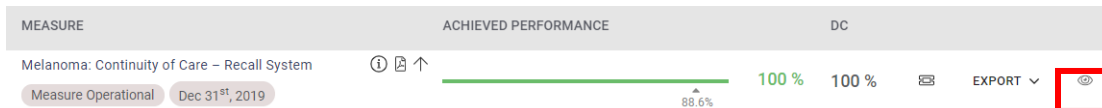
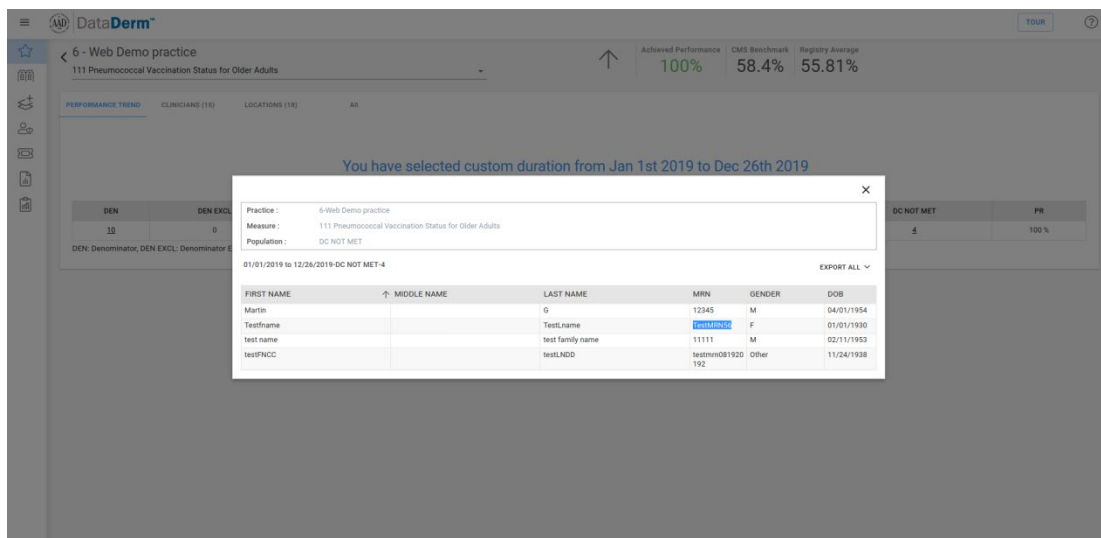**Step 3**: Click on the 'DC NOT MET' Drill down,

You have selected custom duration from Jan 1st 2019 to Jan 7th 2020

DEN	DEN EXCL	DEN EXPT	NUM	NUM EXCL	MET	NOT MET	DC NOT MET	PR
13	0	0	10	0	10	0	3	100 %

DEN: Denominator, DEN EXCL: Denominator Exclusion, DEN EXPT: Denominator Exception, NUM: Numerator, NUM EXCL: Numerator Exclusion, DC NOT MET: Data Completeness Not Met, PR: Performance Rate
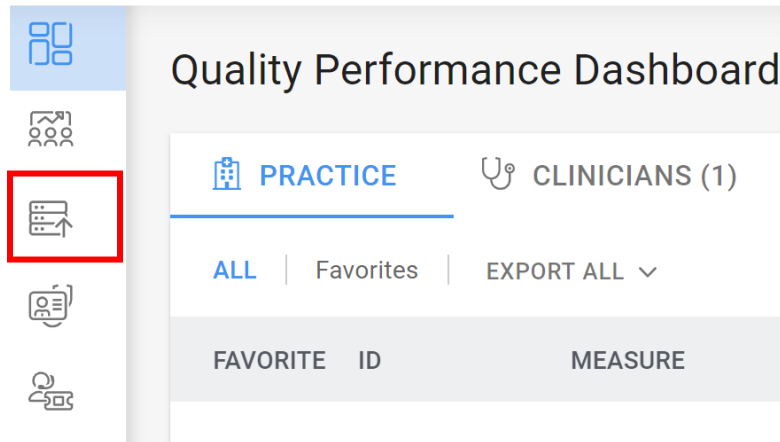
Step 4: Select the patient MRN you'd like to report for this measure. Highlight and copy the patient MRN. *Please keep in mind the measure you are reporting for this patient when you go back into the data entry tool.*
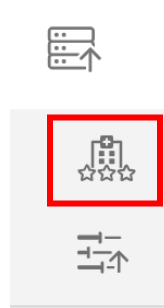
Step 5: Select 'Data Entry' from the Menu on left hand side of the screen,

Step 6: Select 'Quality' Icon

Step 7: Search Patient MRN. You can paste the previously copied patient MRN into the search box, then click 'Filter'.
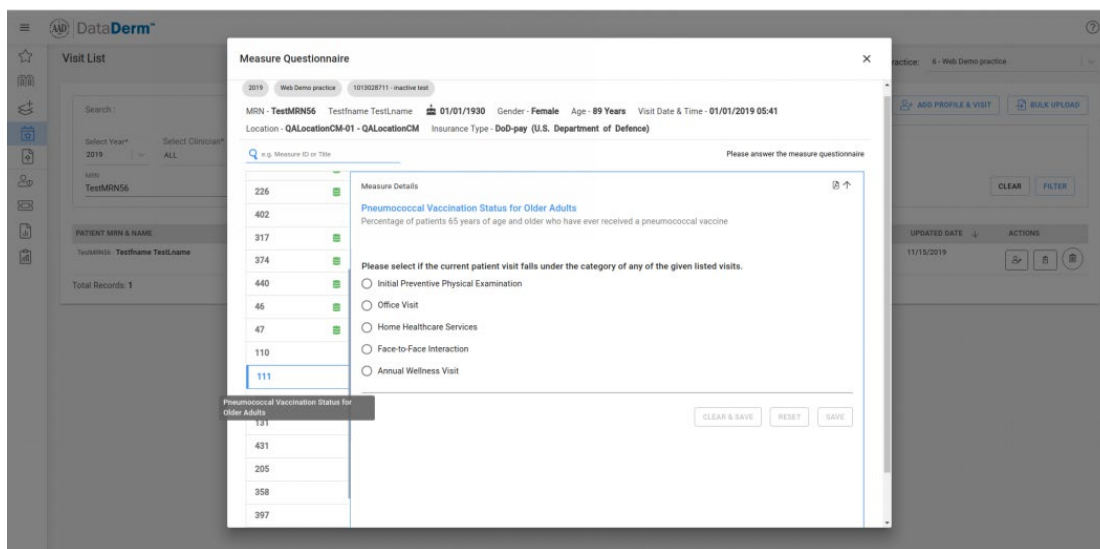
Step 8: Select 'Add or Edit Measure Details',

DATE OF BIRTH	CLINICIAN	VISIT DATE & TIME	LOCATION	UPDATED DATE ↓	ACTIONS
01/22/1987	1013028711 - inactive test	10/01/2019 07:35	ztestaddress - 5654645654	11/18/2019	

Step 9: Select the measure on the left-hand side of the list.

Step 10: Answer all the Displayed Questions and click 'Save'.

*__***After answering the questionnaire for the patient, your performance rate for the measure could adjust. Performance rate adjustment is dependent upon if the patient meets or does not meet the measure.__*

__Keep in mind the Quality Performance Dashboard does not display performance scores in real time after data input. Quality performance rate refreshes may take up to 24 hours; adjusted performance rate will display within a day of data input.__