

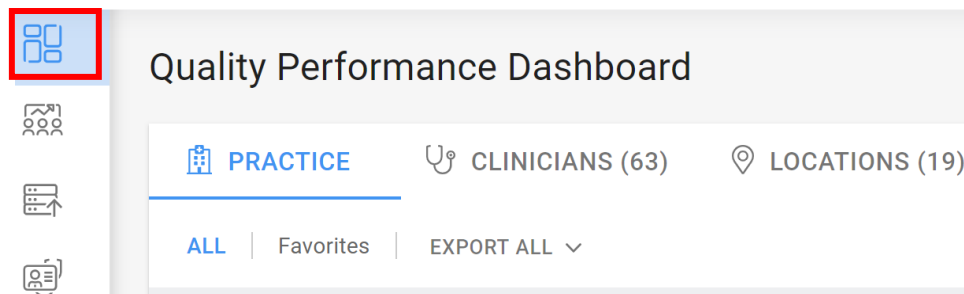


2020 Quality Performance Dashboard Training Guide

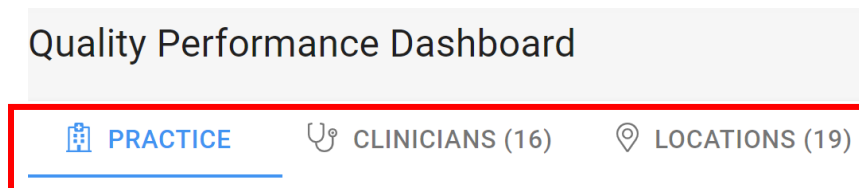
Table of Contents

Quality Performance Dashboard filter.....	2-4
Measure Display.....	4-5
Data Completeness Not Met Work Flow	5-9

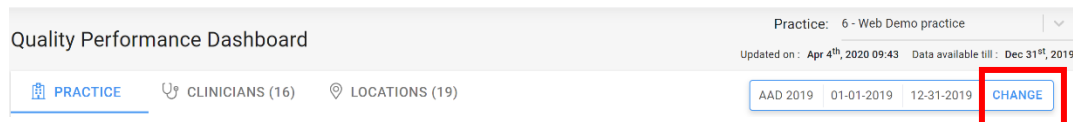
- Upon logging in you will be brought to the 'Quality Performance Dashboard' (star icon).



- 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**'.



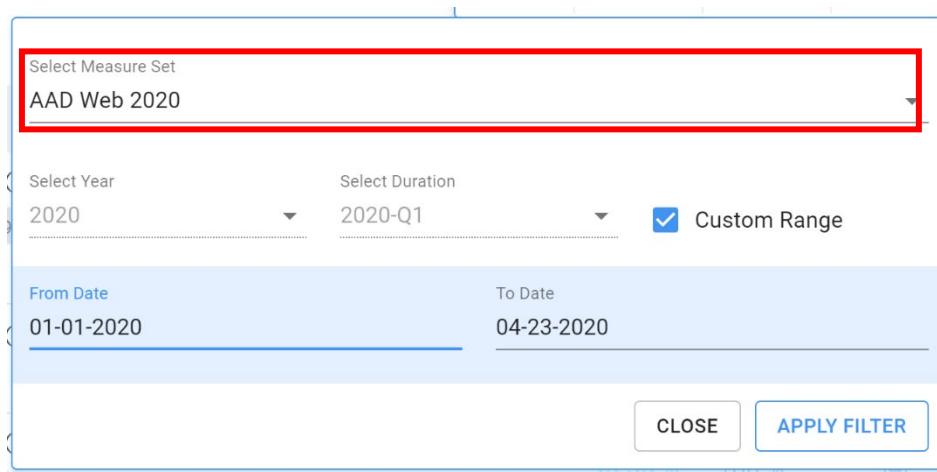
- To view your 2020 performance scores, ensure your dashboard is filtered for the correct dates you'd like to view. Click '**Change**' on the top right-hand side of your dashboard.



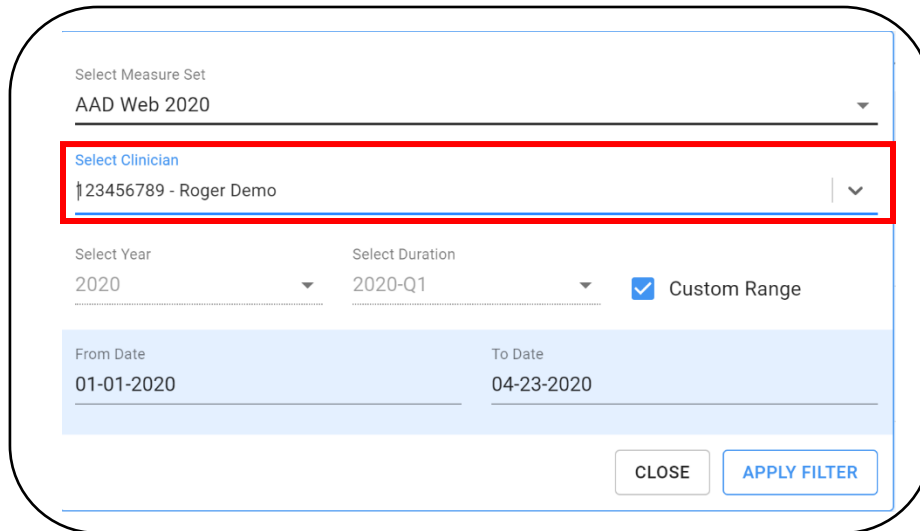
- The following pop-up will appear. You will need to select the measure set you'd like to view.
- **For Manual Users:** Select '**AAD Web 2020**'
 - This measure set will display all 2020 MIPS reportable measures.
 - **For EHR integrated Users:**
 - You can select either 'AAD Web 2020' to view 2020 MIPS 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).

A screenshot of a web-based filter pop-up window. The window has a light blue border and a white background. At the top, there is a dropdown menu labeled 'Select Measure Set' with 'AAD Web 2020' selected. Below this, there are two dropdown menus: 'Select Year' with '2020' selected and 'Select Duration' with '2020-Q1' selected. To the right of these is a checkbox labeled 'Custom Range' which is checked. Below the dropdowns, there are two date input fields: 'From Date' with '01-01-2020' and 'To Date' with '04-23-2020'. At the bottom right, there are two buttons: 'CLOSE' and '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**'.

APPLY FILTER

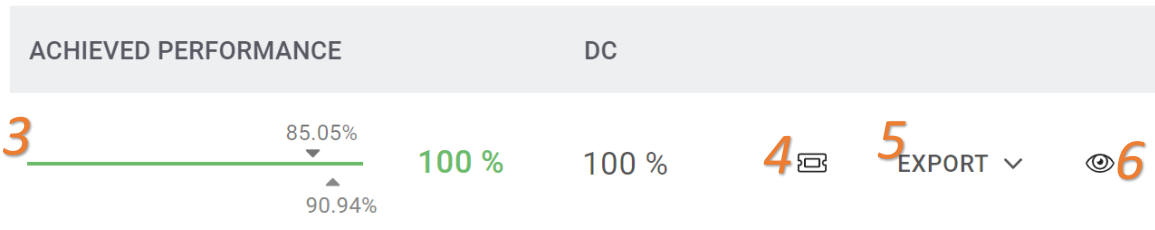
- All measures will display as shown below.

ID	MEASURE	ACHIEVED PERFORMANCE	DC
QPP 137	Melanoma: Continuity of Care – Recall ... ⓘ 📄 ↑ 1 Measure Operational May 3 rd , 2020 2	85.05% 100 % 90.94%	100 % EXPORT ⌵ 👁

- 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.
 - Measure operational
 - Practice Review

- Exploration
- Exploration complete

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



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).

- Top percentage: e.g. 82.12% is the registry average
- 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:*

- You can export your data into one of the following: PDF, CVS, excel sheet.
- Use the data for your own records (e.g. these reports can be used towards IA_PM_7).
- 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 %

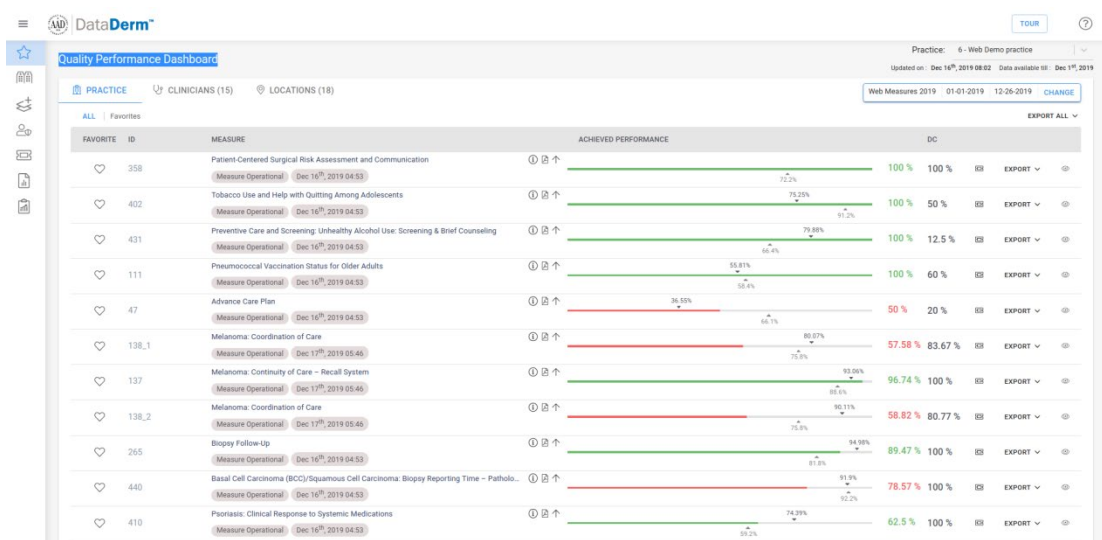
DEN: Denominator, DEN EXCL: Denominator Exclusion, DEN EXPT: Denominator Exception, NUM: Numerator, NUM EXCL: Numerator Exclusion, DC NOT MET: Data Completeness Not Met (Note: In order to move the DC Not Met visits to either 'Met' or 'Not Met' criteria, please refer the training guide in Registry Documents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

Example measure performance details

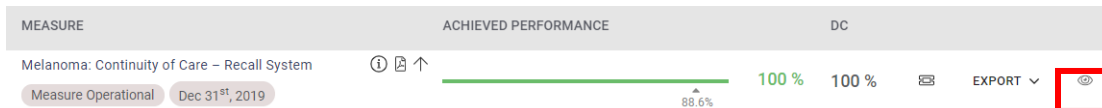
** If you have data under 'DC not Met', these patients are not counted towards your performance rate; however, these patients have been recognized as being eligible for the measure and you can report on these patients for the measure if you choose. Please follow the instructions below if you would like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

PERFORMANCE TREND

CLINICIANS (2)

LOCATIONS (1)

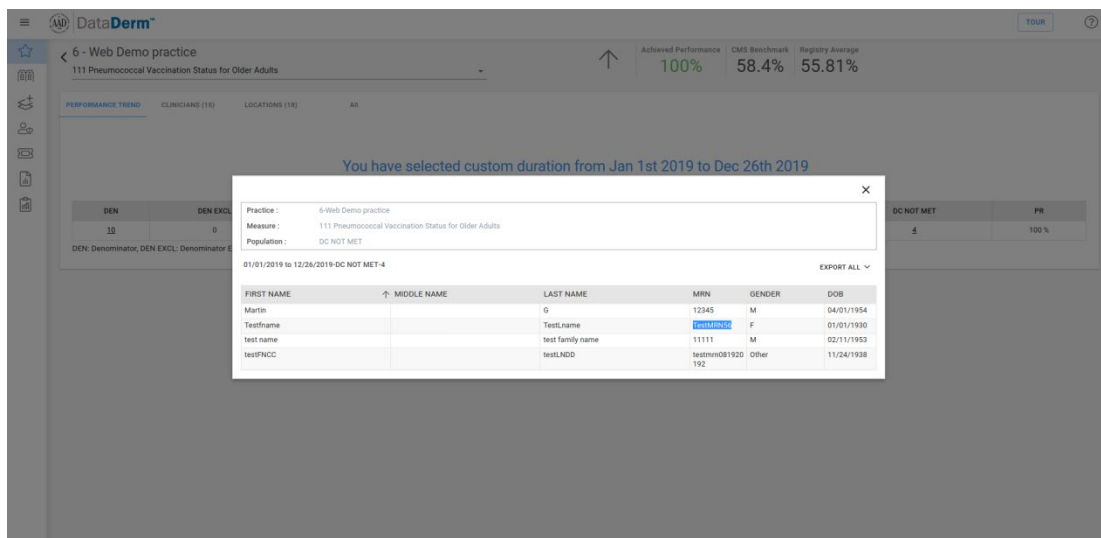
All

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

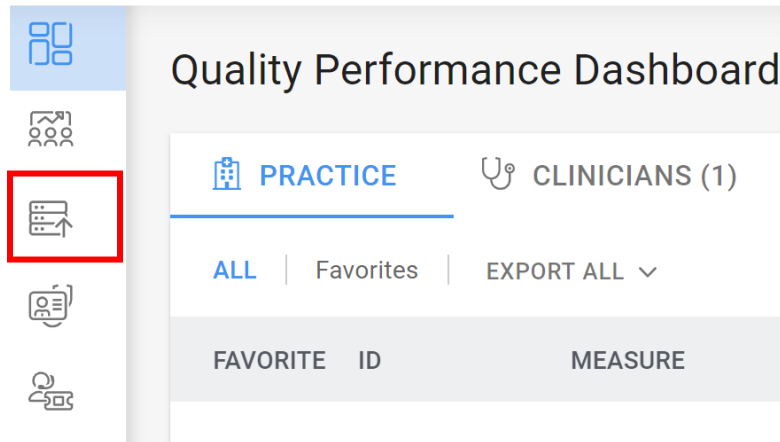
Step 4: Select the patient MRN you'd like to report for this measure. Highlight and copy the patient MRN. *Please keep in mind the measure you are reporting for this patient when you go back into the data entry tool.*



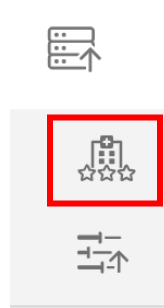
The screenshot shows the AAD DataDerm interface. At the top, it displays '6 - Web Demo practice' and '111 Pneumococcal Vaccination Status for Older Adults'. The performance metrics are shown as 100% (Achieved Performance), 58.4% (CMS Benchmark), and 55.81% (Registry Average). Below this, a message states 'You have selected custom duration from Jan 1st 2019 to Dec 26th 2019'. A modal window is open, displaying a table of patient data for the duration '01/01/2019 to 12/26/2019-DC NOT MET-4'. The table has columns for FIRST NAME, MIDDLE NAME, LAST NAME, MRN, GENDER, and DOB. The first row shows 'Martin' with MRN '12345' and DOB '04/01/1954'. The second row shows 'TestName' with MRN '11111' and DOB '02/11/1953'. The third row shows 'testFNCC' with MRN 'testmin081920' and DOB '11/24/1938'.

FIRST NAME	MIDDLE NAME	LAST NAME	MRN	GENDER	DOB
Martin		G	12345	M	04/01/1954
TestName		TestName	11111	F	02/11/1953
testFNCC		test family name	testmin081920	Other	11/24/1938

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'.

Visit List

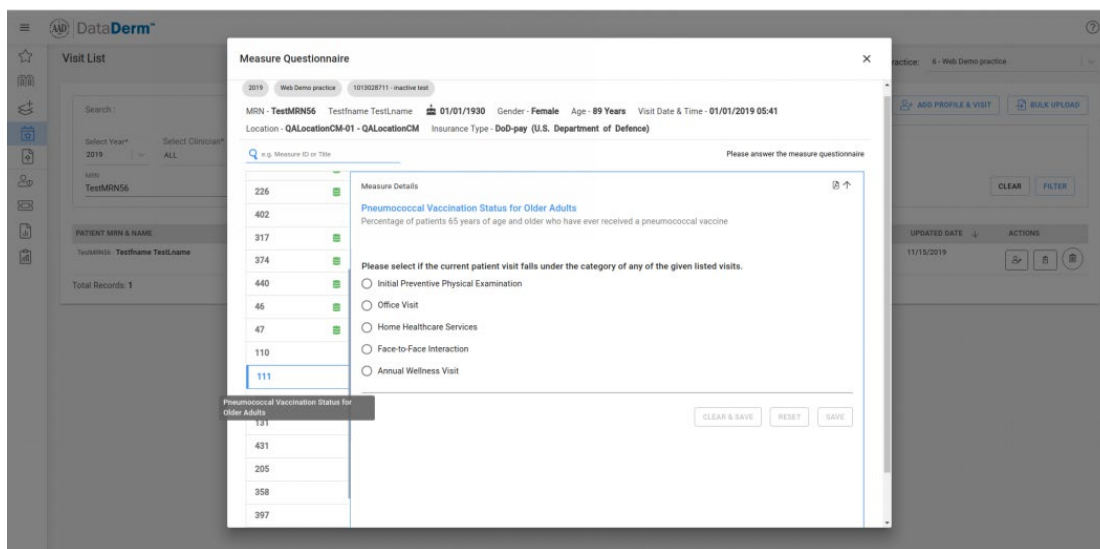
[SELECT/DESELECT PREFERRED MEASURES](#)

PATIENT MRN & NAME	GENDER	DATE OF BIRTH	CLINICIAN	VISIT DATE & TIME	LOCATION
555 -		02/02/1992	1013028711 - Inactive test	01/01/2020 12:00	ztestaddress - 5654645654

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.