



Michigan Data
Collaborative

CPC+ Dashboard: User Guide

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About the CPC+ Dashboard

Throughout the duration of the [CPC+ initiative](#), the Michigan Data Collaborative (MDC) is providing an online, dynamic dashboard to help CPC+ participants analyze performance based on multipayer data provided to MDC. The Dashboard provides pages to explore population, chronic condition prevalence, quality, and utilization measures.

Accessing the Dashboard

For information about accessing the CPC+ Dashboard, see the [Accessing the CPC+ Dashboard Guide](#).

Measures and Demographic Data Included in the Dashboard

Each measure is defined based on a reporting/measurement year which is a 12-month period.

Utilization measures for BCBSM attributed patients use HEDIS 2019 criteria starting in the September 2020 reporting period; all previous BCBSM utilization periods use HEDIS 2018. Utilization measures for Medicare and Priority Health attributed patients use HEDIS 2019 criteria for all reporting periods.

All other measures use HEDIS 2018 criteria across all payers and reporting periods.

Patient Demographics

- Age
- Gender
- Community Type
- Payer

Chronic Conditions

- Asthma
- Diabetes
- Hypertension
- Obesity

Quality Measures

- Breast Cancer Screening
- Chlamydia Screening
- Diabetes Eye Exam
- Diabetes Nephropathy

Utilization Measures

- Acute Admissions
- Emergency Department Visits

Cost Measure

- Risk Adjusted PMPM

Getting Help

If you have any general questions about the CPC+ Dashboard, contact MDC at MichiganDataCollaborative@med.umich.edu.

Additional support documentation can be found on the [CPC+ Support page](#) of the MDC Website.

Dashboard Pages

The Dashboard includes pages for each data analysis area. From these pages, you can view demographic information, chronic condition data, and patient-level data; as well as compare measure performance against other entities and benchmarks, and access documentation.

The Dashboard contains the following pages:

[Overview](#)

[Measure Results](#)

[Measure Trends](#)

[Patient Lookup](#)

[Insights](#)

[Comparisons \(MO\)](#)

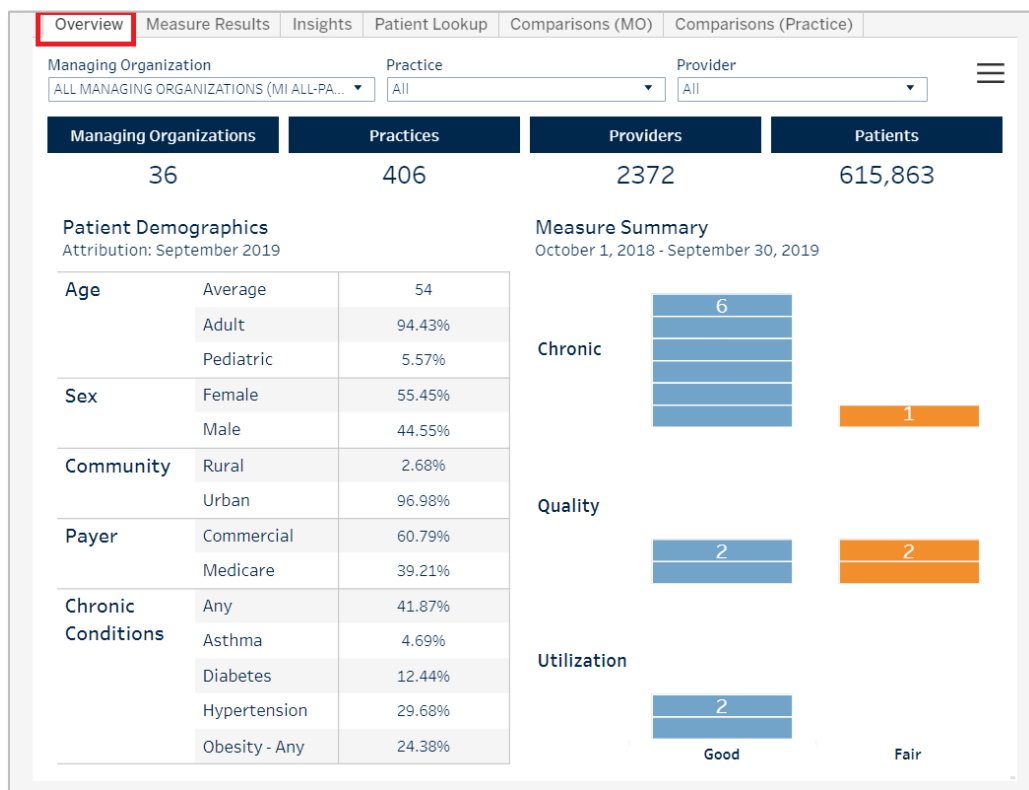
[Comparisons \(Practice\)](#)

[Cost](#)

Overview Page

Use the Overview page to view a quick summary of demographics, including:

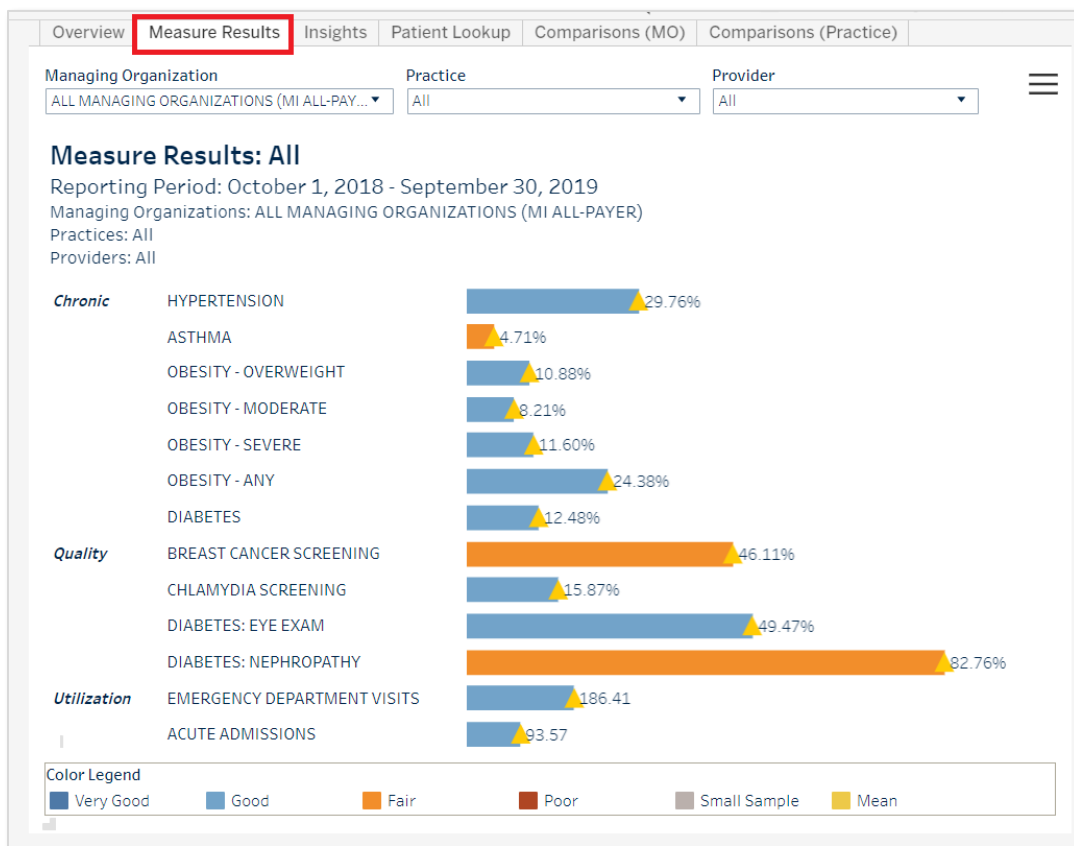
- Number of Managing Organizations (MOs), practices, providers, and patients
- Patients by:
 - Age
 - Sex
 - Community
 - Payer
 - Chronic conditions
- Measures by Quartile



Measure Results Page

Use the Measure Results page to review rates for chronic conditions, quality, and utilization measures. You can view the numerators and denominators for each measure by hovering over a measure bar. A tooltip opens to display the numerator/denominator counts, along with additional information about the measure and reporting period.

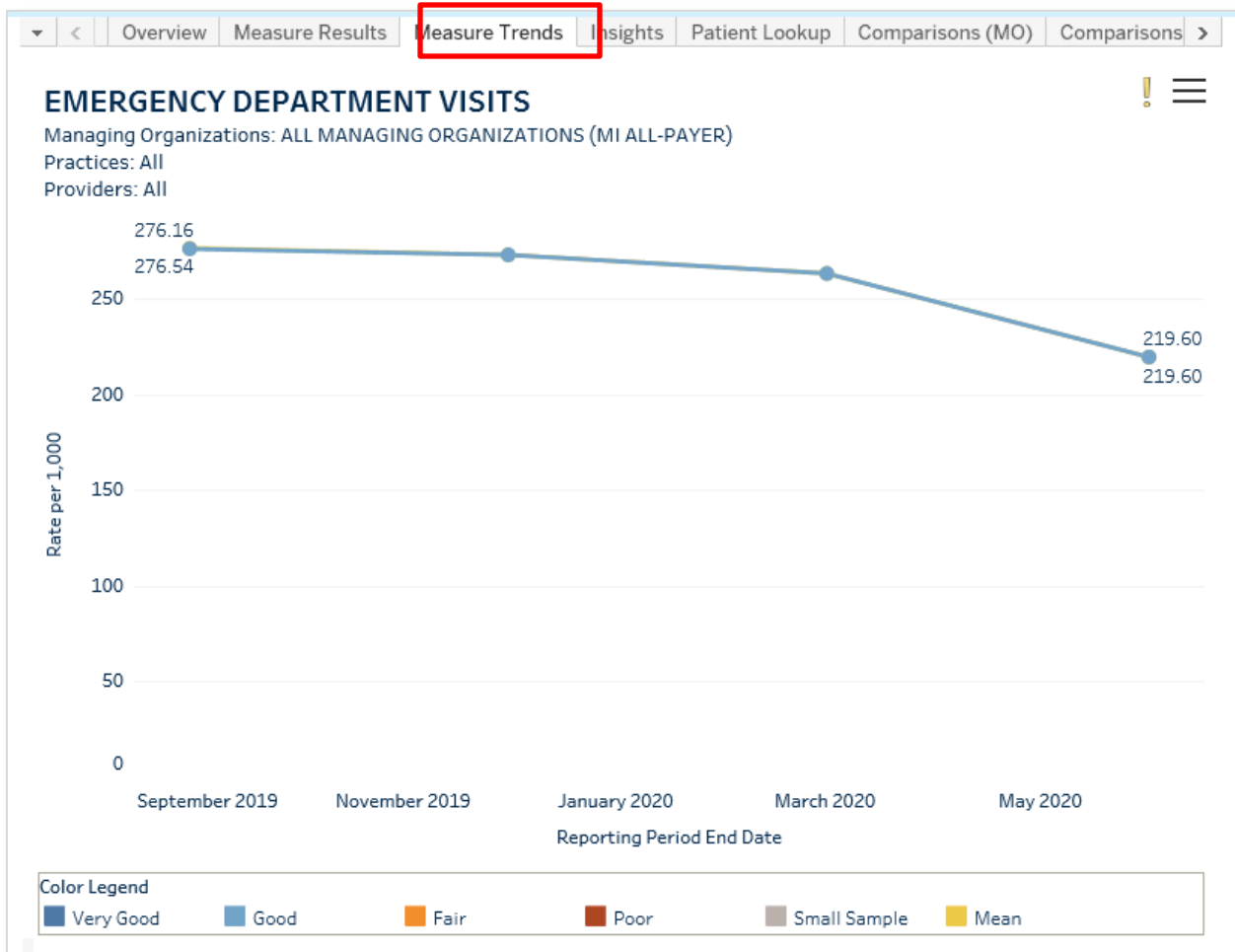
You can see the patients included in each measure by filtering to a specific managing organization, practice, or provider and then clicking on a measure bar. A table will appear with the name of each patient in the measure along with their numerator and denominator values. You can see additional patient information by hovering over the numerator/denominator for each patient.



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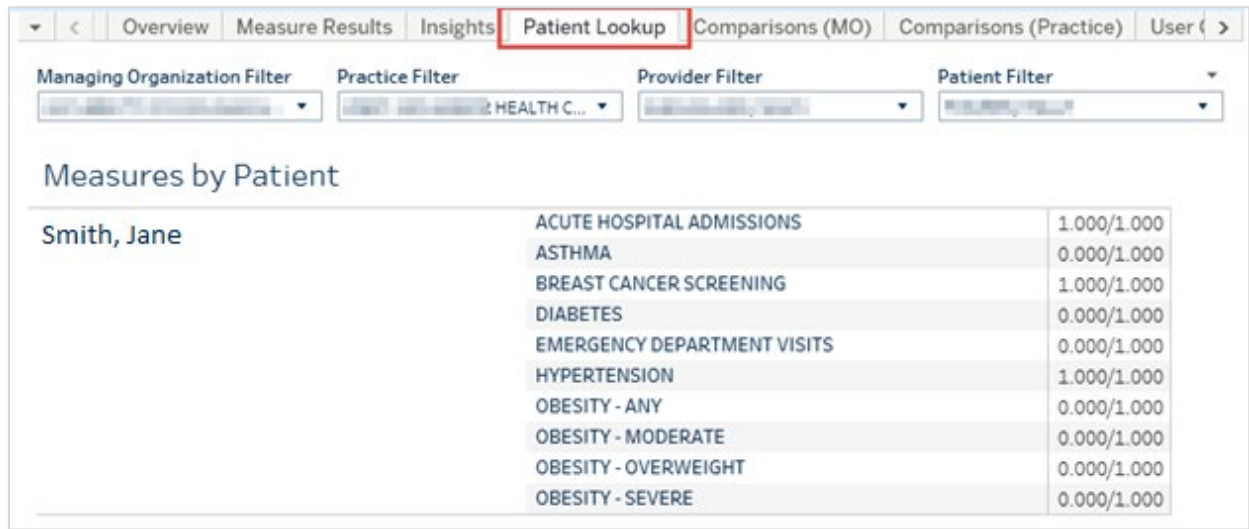
Measure Trends Page

Use the Measure Trends page to review trend points across time for chronic conditions, quality, and utilization measures. You can view the numerators and denominators for each measure by hovering over the trend point. A tooltip opens to display the numerator/denominator counts, central tendency (All-Payer Average or All-Payer 50th Percentile) interpretation along with additional information about the measure and reporting period. You can filter to view a specific managing organization, practice, or provider.



Patient Lookup Page

On the Patient Lookup page, you can select a patient and view all measure information for that patient. This provides an interface for users to explore patient comorbidities.



Measures by Patient		
Smith, Jane	ACUTE HOSPITAL ADMISSIONS	1.000/1.000
	ASTHMA	0.000/1.000
	BREAST CANCER SCREENING	1.000/1.000
	DIABETES	0.000/1.000
	EMERGENCY DEPARTMENT VISITS	0.000/1.000
	HYPERTENSION	1.000/1.000
	OBESITY - ANY	0.000/1.000
	OBESITY - MODERATE	0.000/1.000
	OBESITY - OVERWEIGHT	0.000/1.000
OBESITY - SEVERE	0.000/1.000	

Insights Page

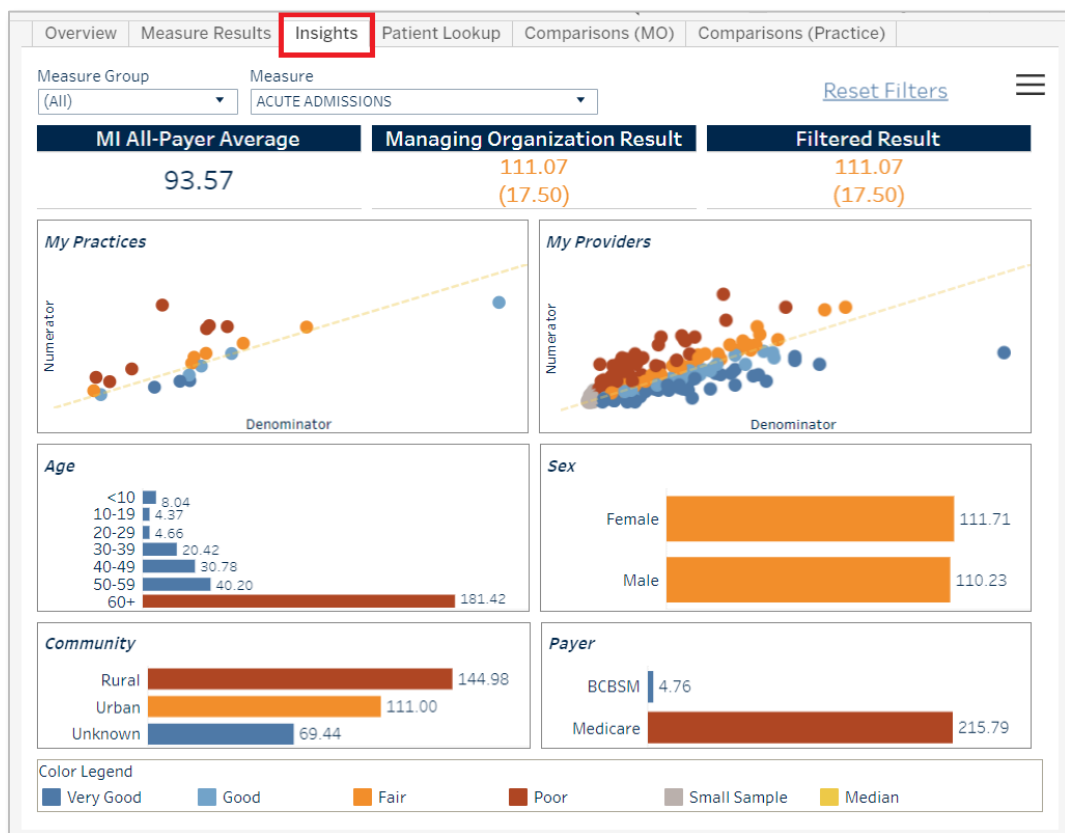
This page provides a flexible tool for self-service analytics. Users can filter their organization's data by measure, practice, provider, and demographic information. The CPC+ Michigan All-Payer 50th Percentile or the CPC+ Michigan All-Payer Average is displayed, as well as the overall result for the Managing Organization (MO) or Practice, depending on access level, and the filtered result for the selected organization and demographic data. You can also choose to display information for individual patients.

FILTERING DATA

You may filter data on the Insights page by practice, provider, age, sex, and type of community. These filters are cumulative. For example, you can filter for female patients over 60 who live in a rural area and belong to a specific practice. To select a filter, simply click on the data point in the appropriate chart. For example, you can filter for male patients by clicking on the bar next to the word Male. To filter for male patients under the age of 20, click on the bar next to Male and on the bars next to <10 and 10-19. As you filter your data, you will see the **Filtered Result** change based on your chosen filters. Click **Reset Filters** to remove all filters. Alternatively, users can interact with filters using the hamburger menu on the top right side of the screen.

PATIENT-LEVEL DATA

To view patient-level data, including name, numerator, and denominator, select **Show Patient** from the dropdown menu. The numerators and denominators will change based on the filters you choose.

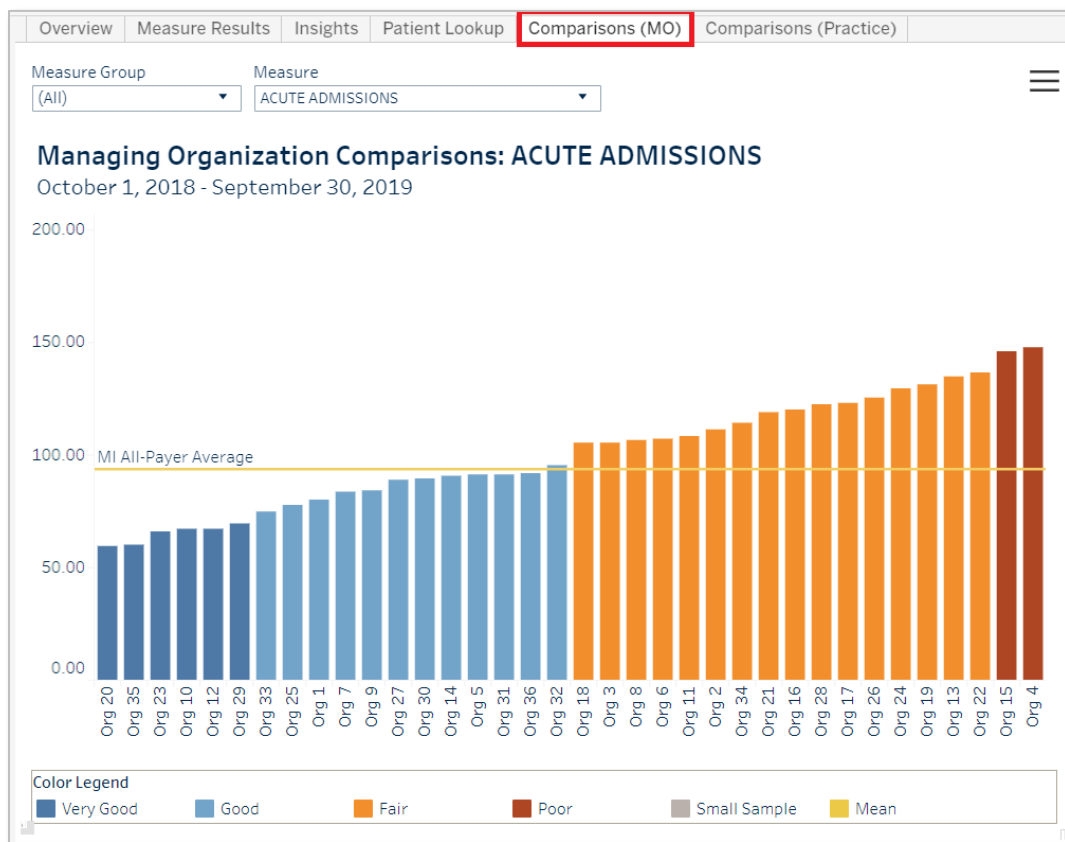


Comparisons (MO) Page

Use this page to compare rates for chronic conditions and quality and utilization measures against the rates for other managing organizations. Users can select between the CPC+ Michigan All-Payer 50th Percentile or the CPC+ Michigan All-Payer Average for reference.

You can view more information by hovering over a measure bar. A tooltip opens to display the exact rate for the organization. The organizations are listed order from lowest to highest rate.

Note: Organizations with a numerator less than 11 or a denominator less than 30 are excluded from this analysis.

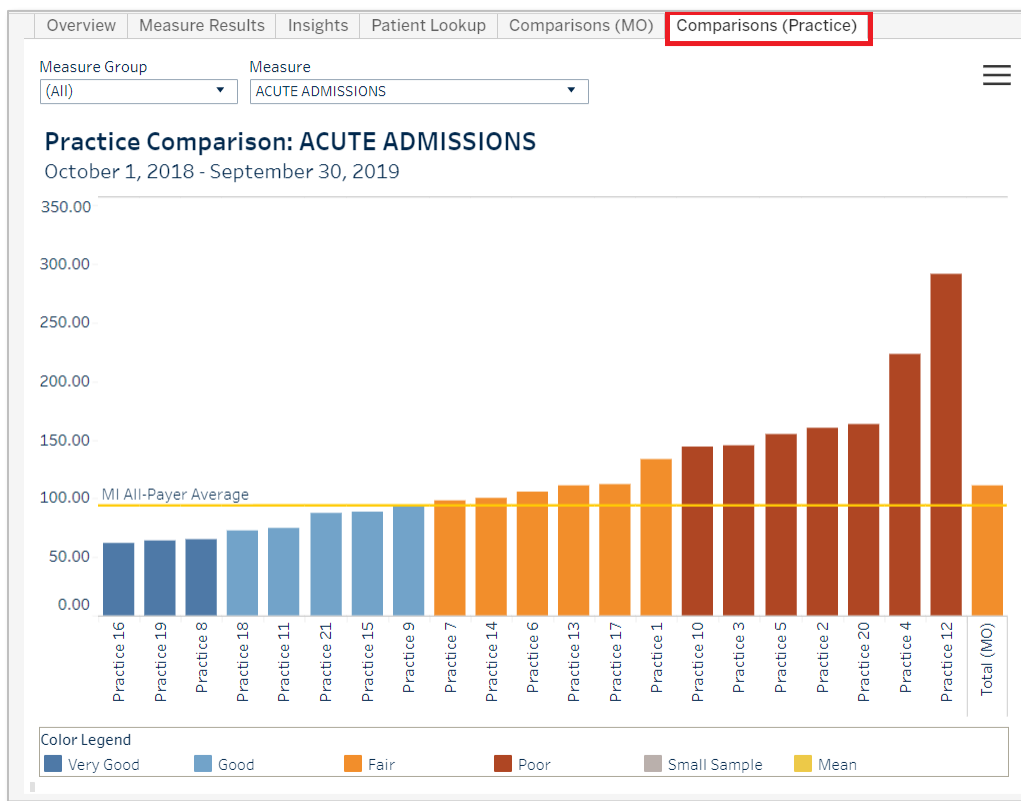


Comparisons (Practice) Page

Use this page to compare rates for chronic conditions and quality and utilization measures against the rates for all practices within a managing organization. You have the option to compare all measures, or only specific measures that you choose. You can also select between the CPC+ Michigan All-Payer 50th Percentile or the CPC+ Michigan All-Payer Average for reference.

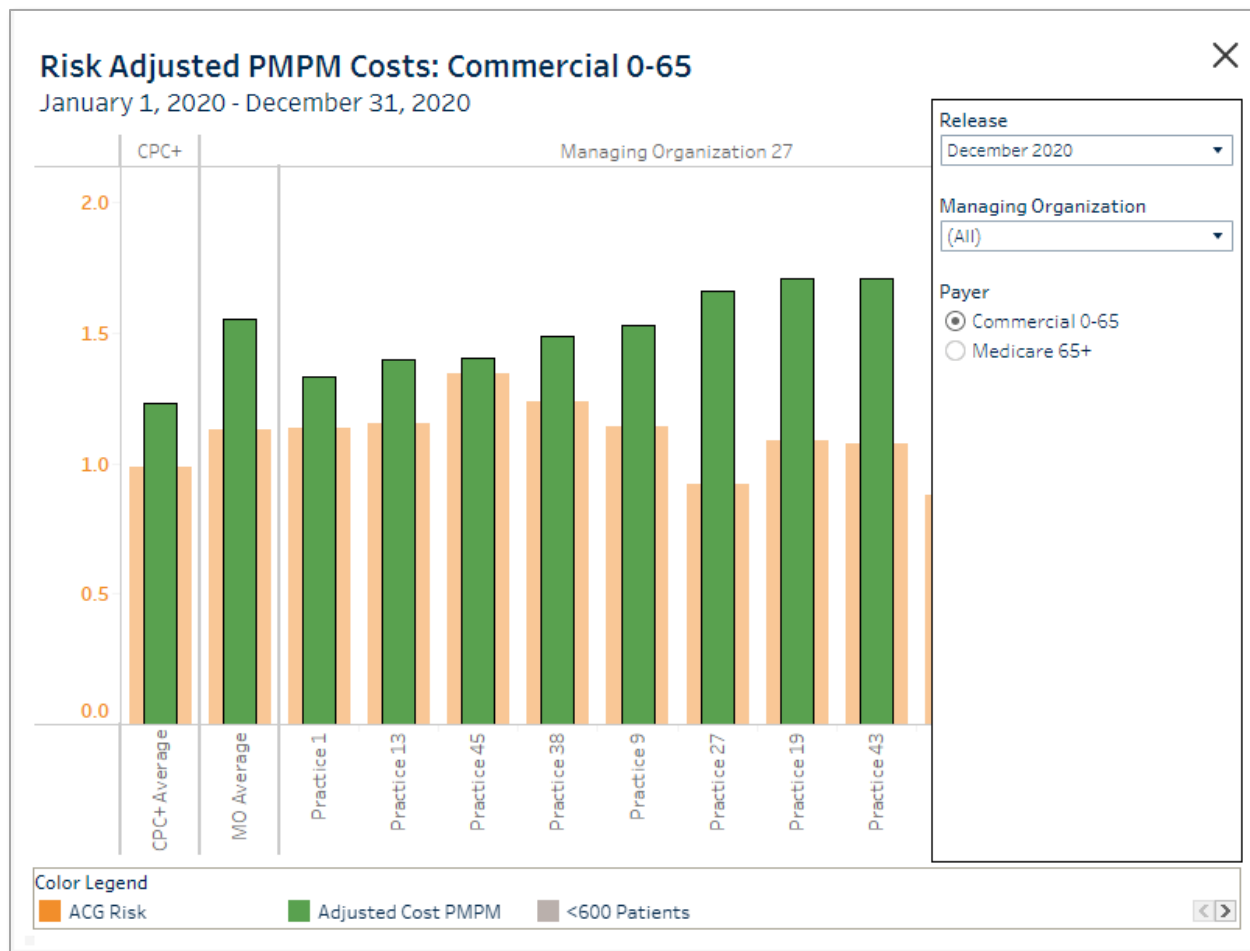
You can view more information by hovering over a measure bar. A tooltip opens to display the exact rate for the organization, as well as the numerator and denominator. The organizations are listed in order from lowest to highest rate.

Note: Organizations with a numerator less than 11 or a denominator less than 30 are excluded from this analysis.

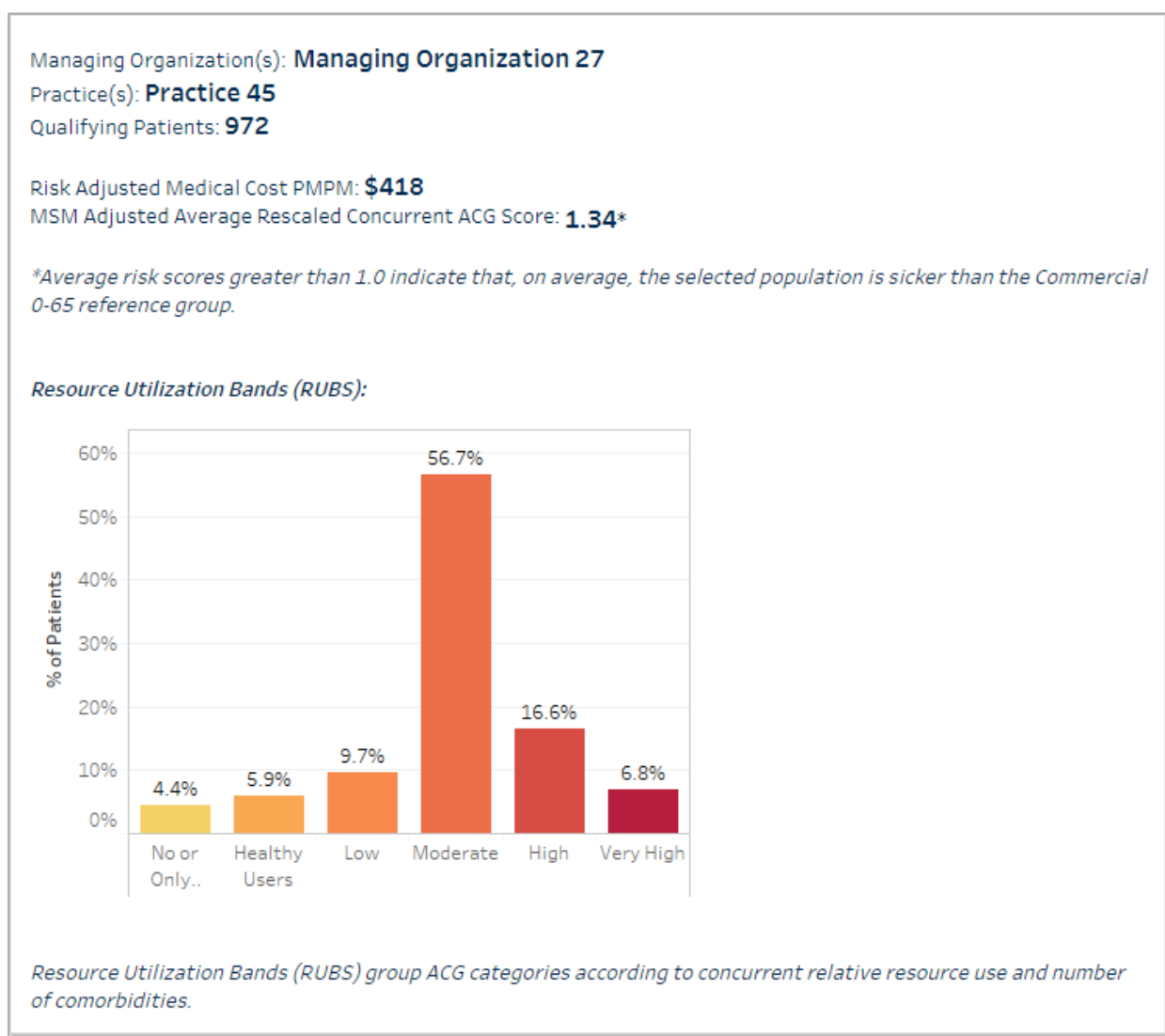


Cost Page

Use this page to compare Risk Adjusted PMPM for all practices within a managing organization. Using the hamburger menu on the top-right corner of the screen, you can select the Release you would like to view and whether you want to view Commercial (ages 0-65) or Medicare (ages 65+). Results are available starting with the December 2020 release. The Adjusted Cost PMPM (in green) overlays the ACG risks (in orange). As described previously, gray indicates low patient volume. For the Adjusted Cost PMPM low patient volume is defined as less than 600 patients.



To get additional details on your practices, hover over the practice bar of interest and additional details will display:



For this Practice, see the breakout of risk groups for each population in the Johns Hopkins Resource Utilization Bands (RUBS).

Using the CPC+ Dashboard

This section provides instructions for logging into the dashboard and working with the common features across all pages.

Logging In

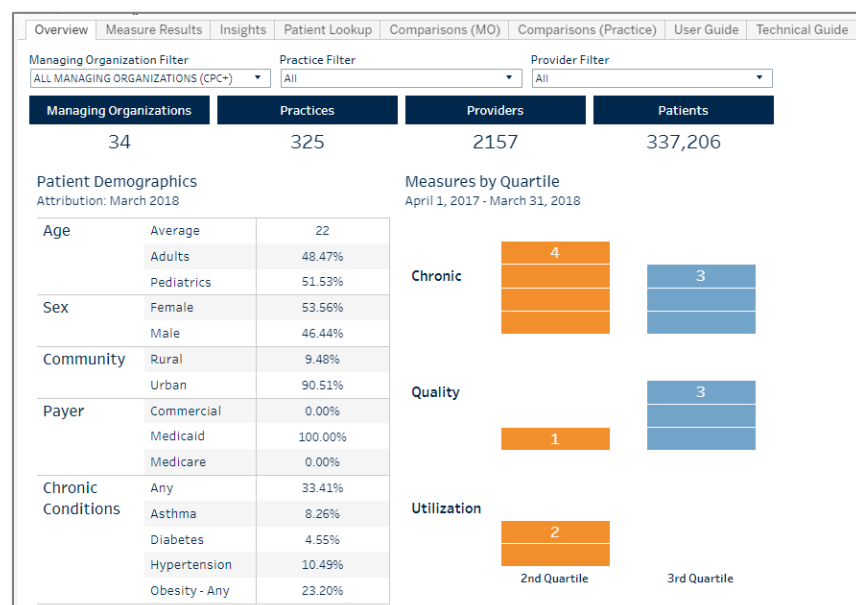
Before you can log in to the CPC+ Dashboard, you must complete certain setup steps. These steps are provided in the [Accessing the CPC+ Dashboard Setup Guide](#).

To log in to the Dashboard:

1. Access the [MDC Website](#).
2. Click the **Login** button in the upper-right corner.
3. Log in to the Virtual Places website with your **User name** (the username portion of your Michigan Medicine login), Level-2 **Password**, and Duo preference.
4. Accept the Duo two-factor authentication request on your mobile or other device.
5. In the *Virtual Places* website, click the **CPC+ Reporting Environment** icon. Please be patient, as it may take a minute or two for the Dashboard to open.
6. The CPC+ Attestation will pop up in a new window. Click **I agree**.

NOTE: When you access the CPC+ Dashboard, you are accessing a virtual PC behind the Michigan Medicine firewall. Regardless of which browser you are using on your own PC, the virtual PC will open the CPC+ Reporting Environment in Internet Explorer.

After you log in to the dashboard, the main page will display and look similar to the following example.



Logging Out

When you are done using the Dashboard, you can log out by closing the web page and then closing the browser.

Navigating

Use the page tabs at the top of the Dashboard to navigate between pages. Your navigation menu will look similar to the following example:



Filtering Data Using the Filters

By default, the pages display data for the entire CPC+ project. You can use the Filters to view Managing Organization, Practice, and Provider data based on your access level. You must select a specific Managing Organization (e.g., a value other than “ALL MANAGING ORGANIZATIONS (CPC+)”) to utilize the Practice and Provider filters.



Access Levels

The CPC+ Dashboards support multiple user types, the most common being Managing Organization (MO) users and Practice users.

Managing Organizations (MOs) are defined as either physician organizations (POs) or multi-site organizations (MSOs).

- MO users can drill down to view practice-level information for practices within their specific organization. Any data available to an affiliated practice will also be available to the MO.
- Practice users can drill down to view practice-level information, provider information, and patient-level information for their practice only. They can also view aggregated data for their MO.
- Patient-level data is available on the **Patient Lookup**, **Measure Results**, and **Insights** pages.

Understanding the Data

In this section, you'll find guidelines for how to interpret the data you encounter as you use the CPC+ Dashboard.

About the Data on the Dashboard

- Each release in the CPC+ Dashboard uses a 12-month reporting period. MDC will continue to update and add data regularly throughout the CPC+ Initiative.
- The data in the Dashboard is based on claims/encounters, eligibility, and attribution data from participating payers. Initially, this included Medicare from CMS and BCBSM Commercial information. Priority Health was added as it became available.
- There is a two-month run-out period for claims.
- Quality measures and chronic condition measures are displayed as percentages, as defined by the measure specifications.
- Utilization measures are displayed as rates per 1,000 qualifying patients, as defined by the measure specifications.
- For your organization's data, you can hover over a measure bar to open a tooltip containing the numerator and denominator counts for all measures.

SMALL SAMPLE SIZE

If a dashboard measure has a numerator less than 11 or a denominator is less than 30, it is color-coded gray to indicate a small sample size. Results based on small sample sizes must be interpreted with caution. Small sample sizes are *excluded* in both the MO Comparisons and the Practice Comparisons pages.

NO DATA

When you view certain filter combinations, you may see **None** display, as shown in the graphic below. This indicates that the filter combination resulted in no data. For example, a provider may not have enough data to display the results for a certain measure.

The screenshot shows the top of the CPC+ Dashboard interface. At the top, there are three filter dropdown menus: 'Managing Organization Filter' with '(All)' selected, 'Practice Filter' with '(All)' selected, and 'Provider Filter' with '(All)' selected. Below these filters, the main content area displays 'Measure Results: None' in a large, bold font. Underneath this, it lists the current filter settings: 'Reporting Period: None', 'Managing Organizations: All', 'Practices: All', and 'Providers: All'.

Attribution and Provider Hierarchy

CPC+ members are identified either by using monthly attribution and eligibility files sent by participating payers, or by using the CMS attribution methodology to attribute patients to Primary Care Providers (PCPs) based on claims. When attribution files are provided, they define a member's PCP with their National Provider Identifier (NPI).

The Managing Organization-Practice-Provider hierarchy is determined by using a quarterly CPC+ Provider Participation file that maps the relationship between providers, practices, and managing organizations. Because the relationship between physicians, practices, and managing organizations is constantly changing, MDC uses a snapshot in time taken from the Hierarchy files. We use the list that matches the last month of the reporting period.

Attribution dates for the Dashboard can be found in the [Release Notes](#).

The following guidelines apply to patient attribution on the CPC+ Dashboard:

- Identification of CPC+ patients with their associated managing organizations, practices, and providers is aligned with the end of the measurement period. For example, if the measurement period ends on September 2019, then the September 2019 CPC+ attribution data will be used to identify the CPC+ members for that Dashboard release.
- A patient will always be associated with their primary care physician. However, if the physician moves to a new practice or managing organization, the end month of the reporting period managing organization-practice-physician relationship is what determines how the patient's claims are assigned – even if the patient saw the physician earlier in the reporting period when the physician was at a different practice.
- Variation in provider and patient relationships occurs over time. Many patients remain consistent with their provider while others may change more frequently.

Examples (Using a Reporting Period of Jan 2019–Dec 2019):

- **Example 1:** If patient Jane Doe was attributed to Dr. Jones for the entire Dashboard reporting period, then this patient's information will be attributed to Dr. Jones.
- **Example 2:** If patient John Doe was attributed to Dr. Jones for Jan–Nov 2019 but in Dec 2019 is attributed to Dr. Smith, then John Doe's measure performance will be attributed to Dr. Smith for the Dashboard release.

DEMOGRAPHIC ASSIGNMENT

MDC calculates the demographics (age, sex, community type) of the member/beneficiary based on the information provided by the payer that applies to the final month of the reporting period.

Benchmarks

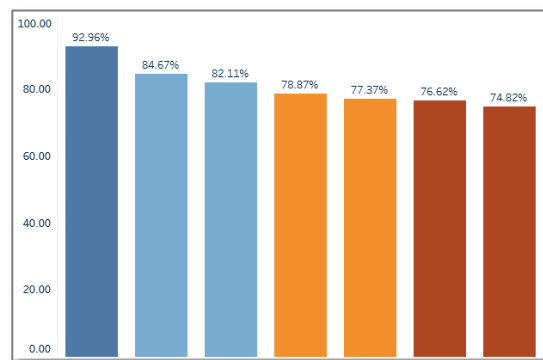
MDC calculates practice quartiles for each measure and uses these for color coding purposes for all levels of aggregation and population subsets. Within the dashboard, MDC categorizes all results into the calculated quartiles and labels these quartiles as Very Good (Top/Fourth Quartile), Good (Third Quartile), Fair (Second Quartile), and Poor (First/Bottom Quartile).

NOTES:

- These benchmarks are for viewing and comparison purposes only; they are not used for calculating performance incentives.
- Chronic Condition benchmarks do not reflect an organization's performance. Rather they are intended to reflect the prevalence of chronic conditions within a given organization, compared to the prevalence within other organizations. Understanding this prevalence may help to provide important context for interpreting other measure results. For example, an organization with a higher prevalence of patients with chronic conditions may expect higher utilization rates.

BENCHMARK VALUES AND COLOR-CODING

- Very Good: The Fourth (Top) Quartile is colored **dark blue**.
- Good: The Third Quartile is colored **light blue**.
- Fair: The Second Quartile is colored **orange**.
- Poor: The First (Bottom) Quartile is colored **red**.
- If a measure has a numerator less than 11 or a denominator less than 30, it is colored **gray**.



BENCHMARK METHODOLOGY

The following considerations were used when calculating the quartiles:

- All practices with a denominator equal to or greater than 30 are sampled.
- Oracle's percentile_cont function is used to find the boundaries for the 25th, 50th, and 75th percentiles.
- Percentile boundaries are not rounded.
- Quartiles are not calculated unless there are at least 30 practices meeting the minimum denominator criteria.
- Benchmarks are re-calculated with every Dashboard release to correspond with the reporting year used for the data included in the Dashboard.